



Surgeon General's Office

LIBRARY

H. ANNE

Section, *Medicine* .23-5

No. 10022 D.



191-5-5







DR. FRANZ HARTMANN'S

# DISEASES OF CHILDREN

AND THEIR

## HOMŒOPATHIC TREATMENT.

TRANSLATED, WITH NOTES,

AND PREPARED FOR THE USE OF THE AMERICAN AND  
ENGLISH PROFESSION,

BY

CHARLES J. HEMPEL, M.D.

*Fellow and Corresponding Member of the Homœopathic Medical College of  
Pennsylvania, the Hahnemann Society of London, &c. &c.*

NEW YORK:

WILLIAM RADDE, 322, BROADWAY.

PHILADELPHIA: RADEMACHER & SHEEK.—BOSTON: OTIS CLAPP.—ST. LOUIS:  
J. G. WESSELHOEFT.—LONDON: JAMES EPPS, 112 GREAT RUSSELL-STREET,  
BLOOMSBURY.—MANCHESTER: H. TURNER, 41 PICCADILLY.

1853.

WS

H 333 b

1853 a

---

Entered according to Act of Congress, in the year 1853,

BY WILLIAM RADDE,

In the Clerk's Office of the District Court of the Southern District of New-York.

---

## PREFACE.

---

ON entering upon the practice of his profession, the young physician must naturally desire to avail himself of the knowledge he has acquired, and to supply existing deficiencies from sources which exhibit the truths of medicine in a simple and unvarnished form.

The beginning physician may have studied the *Materia Medica* with tolerable accuracy, without finding it easy to apply its rules and avail himself of its resources in practice. This is the reason why young students, under the direction of older and more experienced practitioners, are offered an opportunity, in hospitals and clinical institutions, (where children are seldom treated) of conducting the treatment of different cases of disease, and watching and noting the effects of the medicines which had been recommended to them by their teachers. This, at any rate, is the usage of the old-school. But a young physician who, adhering to the principle, "prove all things and hold fast that which is good," had examined and embraced homœopathy as the most useful and the most humane system of medicine, has no such means of enlightenment at his command; he has no hospital where he could make a practical trial of his *Materia Medica* and perfect himself in the practical and theoretical knowledge of medicine. And yet, how desirable is it that such opportunities for the progressive study of his profession should be offered him; how difficult must it be for an inexperienced practitioner to appropriate to himself the chaotic pathogenesis of our drugs in such a manner as will enable him to apply it in every particular case with positive certainty. More-

over the position of a teacher in a homœopathic academy is not always encouraging, for among his hearers he has to tolerate many who came there for the express purpose of catching a few sentences, distorting their meaning, and charging upon homœopathy absurdities that exist only in their own crooked brains. This will always be so until the State shall make it obligatory upon all who study medicine to study the homœopathic system likewise, and to pass an examination on this subject before the State censors; not till then will a homœopathic hospital be regularly visited, and be advantageous to both teachers and students. Until this result is accomplished, other means of improvement will have to be provided for the students of homœopathy. It is the opinion of all experienced practitioners that the best method of conveying practical knowledge to a young physician, is a clinical work which shall give a simple and lucid description of both the disease and the treatment, and shall at the same time guide the young physician in his attempts to establish a correct diagnosis and to apply a suitable remedy from his own choice and judgment.

Notwithstanding Hahnemann's former opposition to such a course, which he was afraid might lead to mechanical routine, it is absolutely necessary to simplify the study of our *Materia Medica* by some arrangement of this kind, lest beginning practitioners should neglect it altogether, or be frightened away from our healing art by the impracticability of the avenues that have led to it heretofore. A clinical guide is therefore the best and most expeditious means of enlightening the young physician on the subject of homœopathy, and of enabling him, after leaving the university, where homœopathy, if the subject be mentioned at all, is caricatured and spoken of in abusive terms, to apply it in the sick-room, and to be led, by gradual success and progressive study, to cherish the principles of our art.

In accordance with these views and with the requests of my friends and fellow-practitioners, I have determined to write and publish the present work, which treats of diseases that afford our art the fairest field of success ; for the diseases of children are more or less uncomplicated by the heterogeneous influences of society, and no artificial taint impairs the efficacy of our delicate preparations. And what a pleasure it is to relieve the sufferings of a child. A child's gratitude is so much more penetrating and glowing than the thanks of a full-grown person. But it is not this pleasure or the helplessness of children that causes a physician to desire to treat their diseases ; he prefers this sphere because a secret instinct as it were, tells him that it affords him the fairest opportunities of testing the value of his drugs and the correctness of his principles. This is my excuse for writing the present volume, concerning the diseases of children and their homœopathic treatment, to which I have devoted the best half of my professional career. Even if not every thing that is contained in this work, should be complete or perfectly positive, or even if some statements should be more or less problematical, yet I can truly affirm that I have had the earnest desire to write a sound, truthful work, and that, in its therapeutic portion, I have uniformly adhered to the physiological pathogenesis of our drugs.

On perusing this work, the reader will find that, although it treats of the diseases of the young generally, yet I have devoted particular care to those diseases which are more or less peculiar to children. I have thought it best to leave the beginning practitioner, for whom this work is principally written, a broad margin for self-study and observation ; and certainly, with a work like the present, he must find further study and observation an easy and agreeable business.

Although I have endeavored to give all the views and experience of modern pathologists with tolerable accuracy, for

which purpose I have made copious extracts from various authors, I have nevertheless avoided the completeness of a monograph, as well as the brevity of a compendium. The therapeutic portion of the work has likewise been restrained within suitable limits. I have only chosen few, although a sufficient number of remedies, and it has been my endeavor not to confuse the beginning physician with all sorts of new medicines, even should they have been praised by their advocates as brilliant additions to our *Materia Medica*. We accomplish a vast deal more with a few and well known remedies than with many, that are known only imperfectly. Nevertheless, the therapeutic portion will be found as complete as need be; the best and most important remedies will be found mentioned first, together with a circumstantial account of their characteristic therapeutic indications; after these I mention all the medicines of secondary importance, and refer the reader to the *Materia Medica* for a more complete description of their symptoms.

In establishing the prognosis of diseases I have adopted the views and experience of the old-school as my standard. This I did partially to secure the young practitioner an unimpeachable position towards his colleagues of the old-school, and also to enable him to measure, by his more successful treatment, the vast superiority of the new over the old-school of medicine.

I have no apologies to make for the form and arrangement of the work; I will do my critics the justice to believe that they will not overlook that which is essential in criticising that which is of minor importance. If those for whom this work has been more especially written, derive from it the benefit I desired they should, I shall feel abundantly compensated for the time and labor which I have bestowed upon it.

F. HARTMANN.

LEIPZIG, July, 1852.



THE  
EDITOR'S PREFACE.

---

The present work on the diseases of children, is undoubtedly the best work which our School possesses on this interesting subject. It is from the pen of the distinguished Hartmann, a veteran in our ranks, and who, by his valuable and comprehensive treatise on the treatment of acute and chronic diseases, has so materially contributed to the spread, and increased the practical usefulness of homœopathy. The present work may be considered the completion of this highly interesting treatise, and with this latter, constitutes a complete series of clear and practical instructions concerning the treatment of both acute and chronic diseases. In his work on the diseases of children, Hartmann has pursued the same plan which he adopted in his larger work of which the present one forms, so to say, the concluding volume. In describing the pathognomic character of all the principal diseases, he has not contented himself with furnishing notes from his own experience, but he has given the eminently interesting and scientific diagnosis of such pathologists as Schœnlein, Canstatt, Heim and others, thus imparting to his work a truly scientific character, which scarcely any similar work in our literature can boast of. To facilitate the business of prescribing as much as possible for the beginning practitioner and the intelligent layman, the dose of the appropriate remedy has been carefully indicated wherever and whenever this was found practical.

I have endeavored in translating the present work, to fol-

low the original text as closely as possible. Hartmann is sometimes a little diffuse, perhaps unnecessarily so, but I have not allowed myself to alter the original text in the least, except where idiomatic differences rendered such alterations absolutely necessary for the better comprehension of the original as well as for the production and preservation of a correct English phraseology. My chief aim has been to render the author's meaning in a clear, unmistakeable language, and in the same simple forms which characterize all the author's productions. I have deemed it necessary to interpolate several notes, some of them of considerable length, and, I trust, of interest to the reader. I refer particularly to my notes on "summer-complaint and constipation;" it seemed to me that these two subjects had not been treated with sufficient minuteness by the distinguished author, most probably for the simple reason that, in Germany, children are not near so much troubled with the distressing cholera infantum, which destroys so many young lives in our own country.

May the reader be pleased to receive my translation with as much kindness and forbearance as I am persuaded, he will hail the work of the eminent author with pleasure and confidence.

CHARLES J. HEMPEL, M. D.

NEW-YORK, May, 1853.

# CONTENTS.

Page.

Editor's Preface,	1
Author's " "	6
Introduction, . . . . .	6
Diagnosis of Children, . . . . .	6
of temperature of the body, . . . . .	6
of pulse, . . . . .	7
of secretions, . . . . .	8
of eructations, . . . . .	8
of desquamation of the skin, . . . . .	8
of condition of the abdomen, . . . . .	8
of respiration, cough, rattling, hot breath, . . . . .	10
of crying, . . . . .	11
of alteration of the voice, . . . . .	11
Diet of children, . . . . .	11
of first treatment of new-born infants, . . . . .	16
on the use of a wet-nurse, . . . . .	18
on the method of bringing up a child by hand, . . . . .	21
on the physical education of infants during the first year of their existence, . . . . .	25
General Therapeutic Remarks respecting the diseases of children,	45
Special treatment of the diseases of children, . . . . .	45
Diseases of infants from the period of their birth to the commence- ment of dentition, . . . . .	45
Asphyxia neonatorum, (apparent death of new-born infants,) . . . . .	46
from deficient vitality, . . . . .	46
from sanguineous engorgement of the heart and brain, . . . . .	47
from suffocation, . . . . .	47
treatment of, . . . . .	49
Caput Succedaneum, (swelling of the head of new-born infants,) . . . . .	50
Bloody Tumor, . . . . .	54
Imperforatø Anus, . . . . .	55
Adhesio Linguae, (tongue-tied,) . . . . .	57
Ranula, . . . . .	59
Hare-lip, . . . . .	60
Nævi, moles, . . . . .	60
Nævus Vasculosus, . . . . .	61
Lipomatodes, . . . . .	62
Verrucosus, (wens, warts,) . . . . .	62
Spina Bifida, (dropsy of the spinal marrow, . . . . .	62

Hernia, . . . . .	65
Encephalocele, . . . . .	65
Umbilical, . . . . .	65
Inguinal, . . . . .	66
Scrotal, . . . . .	66
Descension of the Testicles after birth, . . . . .	68
Urinary difficulties of children, . . . . .	69
Ischuria, . . . . .	69
Urodialysis Neonatorum, . . . . .	75
Enuresis, . . . . .	78
Urinary difficulties occasioned by gravel or calculi, . . . . .	79
Swelling and induration of the breasts of new-born Infants, . . . . .	82
Icterus Neonatorum, . . . . .	83
Erysipelas Neonatorum, . . . . .	88
Induration of the Cellular Tissue, . . . . .	91
Syphilis Neonatorum, . . . . .	97
Aphthæ, . . . . .	103
Aphthous Stomacace, . . . . .	105
Blepharophthalmia Neonatorum, . . . . .	109
Cyanosis cardiaca, . . . . .	114
Dyspepsia Neonatorum, . . . . .	121
Flatulence, Colic, . . . . .	122
Constipation, . . . . .	126
Dr. Hempel's note on Constipation, . . . . .	129
Diarrhœa, . . . . .	134
Dr. Hempel's note on Diarrhœa, . . . . .	136
Cholera Infantum, . . . . .	138
Dr. Hempel's note on Cholera Infantum or Summer Complaint, . . . . .	140
Vomiting, . . . . .	143
Dr. Hempel's note on Vomiting, . . . . .	145
Atrophia Infantum, . . . . .	145
from Hereditary Debility, . . . . .	146
caused by noxious external influences, . . . . .	146
originating in Dyscrasia or Malformation, . . . . .	146
caused by Dentition or Chronic Diarrhœa, . . . . .	146
Gastromalacia, softening of the Stomach, . . . . .	152
Hæmatemesis, . . . . .	162
Chronic Exanthemata, . . . . .	163
Intertrigo, (soreness,) . . . . .	164
Comedones, (Acne Punctata,) . . . . .	166
Pemphigus, . . . . .	168
Tinea Recens Natorum, . . . . .	169
Impetigo Faciei (crusta lactea,) . . . . .	170
Miliaria, . . . . .	175
Eczema, (heat,) . . . . .	176
Dampness, . . . . .	177

Spasms, . . . . .	178
Trismus and Tetanus, . . . . .	179
Eclampsia Neonatorum, . . . . .	183
Dr. Hempel's note on Spasms, . . . . .	189
Convulsions, . . . . .	190
Difficult Dentition, . . . . .	194
Diseases occurring principally during the period intervening between the first appearance and falling out of the milk-teeth, . . . . .	201
Diseases of the Digestive Organs, . . . . .	205
Status Gastricus, . . . . .	207
Worms and Worm Affections, . . . . .	211
Symptoms characterizing the Lymphatic Diathesis, . . . . .	213
Symptoms characterizing the Local Irritation, . . . . .	213
Mechanical Derangements in the Bowels, . . . . .	214
Reflex symptoms, . . . . .	214
Worm Fever, . . . . .	214
Inflammation of Internal Organs, . . . . .	223
Inflammation of Thoracic Organs, . . . . .	227
Bronchitis, acute, . . . . .	227
Carditis and Pericarditis Infantum, . . . . .	237
Endocarditis, . . . . .	240
Inflammations of the Abdominal Viscera, . . . . .	250
Peritonitis Infantum, . . . . .	250
Gastritis et Enteritis, . . . . .	260
Enteritis Mucosa, . . . . .	261
Enteritis Serosa, . . . . .	263
Enteritis Follicularis, . . . . .	263
Dysentery, . . . . .	268
Dr. Hempel's note on Dysentery, . . . . .	275
Hepatitis, . . . . .	279
Dr. Hempel's note on Hepatitis, . . . . .	284
Inflammation of the Throat, . . . . .	285
Angina Faucium, . . . . .	285
Diphtheritis Maligna, . . . . .	286
Dr. Hempel's note on Diphtheritis, . . . . .	292
Croup, . . . . .	293
Varieties of, . . . . .	296
Laryngeal, . . . . .	296
Tracheal, . . . . .	297
Bronchial, . . . . .	297
Dr. Hempel's note on Croup, . . . . .	307
Mumps, . . . . .	308
Inflammations of the head, . . . . .	312
Hydrocephalus, . . . . .	312
Dr. Hempel's note on Hydrocephalus, . . . . .	331
Chronic Hydrocephalus, . . . . .	331

Hydrocephaloid disease, . . . . .	333
External Chronic Hydrocephalus, . . . . .	335
Myclitis, . . . . .	336
Otitis, . . . . .	342
Spasmodic Diseases, . . . . .	347
Asthma Millari, (spasm of the Glottis,) . . . . .	347
Whooping Cough, . . . . .	353
Tuberculosis and Scrofulosis, . . . . .	367
Scrofulous Ulcers, . . . . .	379
Dr. Hempel's note on Scrofulous Ulcers, . . . . .	380
Scrofulous Ophthalmia, . . . . .	382
Scrofulous Inflammation of the Nose, . . . . .	385
Tinea Capitis, . . . . .	387
Struma, (Goitre,) . . . . .	392
Spina Ventosa, . . . . .	392
Fungus Articulorum, . . . . .	395
Rachitis, Rickets, . . . . .	396
Curvatures of Bones, . . . . .	403
Claudicatio Spontanca, . . . . .	409
Dr. Hempel's note on Spontaneous Limping, . . . . .	415
Noma, Cancer Aquaticus, . . . . .	417
Diseases principally occurring from the second period of Dentition to the age of Pubescence, . . . . .	425
Acute Exanthemata, . . . . .	425
Variola, . . . . .	426
Dr. Hempel's note on Variola, . . . . .	443
Sudden Paroxysms which may occur during Variola, . . . . .	451
Varioloid, . . . . .	452
Varicella, (Chicken-pox,) . . . . .	457
Vaccina, (Cow-pox,) . . . . .	460
Scarlatina, (Scarlet Fever,) . . . . .	465
Lævigata, . . . . .	469
Miliaris, . . . . .	469
Typhoid and Putrid Scarlatina, . . . . .	480
Dr. Hempel's note on Typhoid Scarlatina, . . . . .	487
Sequelæ of Scarlatina, . . . . .	491
Dr. Hempel's note on Neuralgia of the Solar Plexus after Scarla- tina, . . . . .	492
Morbilli, Measles, . . . . .	493
Sequelæ, . . . . .	497
Dr. Hempel's note on the treatment of Measles, . . . . .	506
Rubeolæ, Roscolæ, . . . . .	507

## INTRODUCTION.

ON looking at a treatise specially devoted to the treatment of the diseases of children, we are inclined to ask the question: Do these diseases require a different treatment from those of full-grown persons? My own answer to this question is, that they do not, though I admit that the diseases of children require a peculiar study which, however, is less intricate for the homœopathic than the alloëopathic physician, inasmuch as the former is guided, in the selection of his remedies, by the perceptible symptoms, and the latter has to make up his diagnosis agreeably to a mere name based upon a speculative theory of the objective and subjective symptoms, and must, therefore, be constantly apprehensive of having mistaken the character of the disease. Nevertheless, though a homœopathic practitioner is less liable to erring, he should not fail to study the diseases of children with particular zeal and attention; for, as a general rule, one-third of our patients are children, and the diseases to which they are subject, require a peculiar mode of treatment, a peculiar exhibition of our drugs, and differ from the diseases of full-grown persons by their pathology and diagnosis. Childhood, moreover, impresses a peculiar character on the diseases incidental to this period of human life.

The fundamental condition of the first age of man is a continually progressive growth of the undeveloped organism. *Hufeland* designates the first year, as a continuation of the process of generation. Even if we look upon this definition as somewhat exaggerated, yet it is undeniable that, in the first year of human life the productive energies of the organism are much more active, than in the subsequent periods. In the first year of life

new organs spring into existence: existing organs are developed, perfected, altered; other organs disappear, in consequence of which the vital process assumes different modes of manifestation. First, it is the functional life of the lungs which undergoes an essential change; next, the senses, and lastly, the mental faculties. It is as yet an undeveloped existence, a constant effort of the vital forces towards an integral and harmonious action; and the very disorders of their mechanism may be looked upon as manifestations of the formative energies at work in the inmost recesses of the infantile organism.

What a wise provision of nature, to allow the new-born infant to remain so to say, even after its birth, a part and portion of its mother, and to draw from her its sustenance and support. To check this dependance of the infant on its mother, would be a gross violation of nature's laws and will be fraught with as much mischief as the faithful adherence to her natural duties on the part of a mother, confers blessings upon her offspring. The physical and moral welfare of the future man may be said to depend upon the sustenance which the new-born infant derives from its mother. There does not exist a perfect substitute for the mother's milk, and it is only in cases of physical inability that a wet-nurse should be resorted to, provided a healthy person, and one who has a cheerful disposition and is free from worldly cares can be found; otherwise, the bottle or feeding with the spoon would be preferable.

The productive energies of the child's organism being much more energetic than those of the full-grown man, it follows that the vital functions, such as circulation, assimilation, reproduction and waste, take place much more rapidly. For the same reason, the diseases of children run a more rapid course, a critical change takes place much sooner, and the little patients are more easily and more completely reinvigorated by sleep. The superior action of the heart favours on the one hand the



reproductive energy of the organism, but, on the other hand, originates a higher degree of irritability; hence, it will not appear strange, if inflammations, nervous affections and spasms are the prevailing diseases among children. The vegetative system, the reproductive functions, the growth of the organs, being the principal manifestations of vitality in this age, it becomes a matter of the greatest importance to attend to the digestive and assimilative functions, and more particularly to the lymphatic and glandular systems, a derangement of whose functions occasions a variety of diseases.

In the first years of life some organs are disproportionately larger than others; they seem to require a larger amount of the circulating fluid for their more rapid development and functional perfection. Such organs are especially the brain, the thymus gland, the surrenal glands, the liver and the intestinal canal.

According to Hufeland, they constitute the pathogenic or disease-engendering portions of the childlike organism, the more immediate spheres of the vegetative life, and they show that the gradually increasing or decreasing functional activity of certain organs and systems is proportionate to the phases which characterise the period of growth from the infantile age to that of fully developed manhood.

Modern physiology and the physical signs have shown that the superior action of the heart determines likewise a superior action of the respiratory organs. Formerly, every increased action of the thoracic organs, was supposed to denote fever, whereas pathological anatomy has satisfactorily shown that every abnormal process of the vital functions of the child is attended with an inflammatory condition of the respiratory organs, and that the ignorance of physicians respecting this fact has but too often been the cause of the little patient's death. It is this functional relation of the heart and lungs that constitutes *Hufeland's* supposed sympathy between the in-

testinal canal, the stomach, and the brain, from which he derives the manifold disturbances that so frequently terminate fatally.

Though childhood may be divided into three periods, which differ essentially one from the other, yet there is no essential difference between the diseases which prevail in each, with their mode of treatment, and the diseases of full-grown persons; it is the essential nature of the child's organism that constitutes the difference, and claims the serious attention and reflection of the physician. The first period extends from the birth to the commencement of dentition; it is in this period that the greatest number of infants, probably one-third, die, which is owing to the fact, that the functional processes are carried on with the utmost rapidity in this period, to which the reproductive process is strictly allied, and prepares the first dawn of the spiritual life of man. The second period extends from the commencement of dentition to the shedding of the first teeth; there is less susceptibility to disease and less mortality in this period; inflammations with exudations and adhesions, especially of the brain and larynx, are the prevailing diseases. The graduations of age adopted by the older physicians, are not quite so valueless as to deserve total oblivion; this is evident from the fact, that in the seventh year, which seems to constitute a remarkable period in the child's life, full one-sixth of all children die. The third period extends to the age of pubescence, and is the least liable to danger from disease.

It is undoubtedly a difficult task to satisfy all demands in writing a treatise on the diseases of children. The present manual will probably share the fate of similar works; it will satisfy some, and disappoint others, though its arrangement and contents might have been rendered satisfactory to all, if the tastes and wants of all had been known to the author previous to his setting about the

execution of his plan. If a work like the present should fail to give general satisfaction, the author may at least be judged with leniency, inasmuch as all his readers must feel convinced, that previous to his commencing the work, he must have made himself acquainted with the opinions and statements of all good authors who had written on a similar subject, in order to ascertain whether their experience is adequate to our present wants. Though a homœopathic physician may not lay any particular stress on the value of such sources, yet I felt anxious that our allœopathic brethren, should likewise be deprived of every just cause of accusing me of ignorance. It is but too well known, that the criticism of these gentlemen stops at the mere external technicalities of our art, because they profess to have neither the desire nor the leisure to study every form of medicine as a legitimate portion of our universal experience. For such reasons, and in order to satisfy the demands of my readers and my own pretensions, I have determined to compose the present work after the example of such men as : *Hufeland, Henke, Formey, Barez, Armstrong, Alex. Hamilton, M. Underwood, Chambon, Autenrieth, &c.* Some among the above named authors confine themselves in their treatises on the diseases of children, to such as belong exclusively to infancy, excluding cutaneous diseases, cholera-morbus, and several spasmodic and worm-affections ; others, on the contrary, such as *Hufeland, Henke, &c.*, rank among the diseases of children, all those diseases which are, if not exclusively, but chiefly incidental to childhood, and are more or less modified by the nature and progressive growth of the childlike organism. In composing this manual I have sided with the latter class, and I trust that, by this means, I shall have attained a desirable and satisfactory completeness.

## CHAPTER I.

### DIAGNOSIS OF CHILDREN.

THIS diagnosis is rendered difficult in consequence of the little child being deprived of the principal means of expressing its sensations or pains, viz., speech and reason. Owing to the excessive irritability of the organism, even the pulse is no safe criterion; and, moreover, the symptoms of disease in the childlike organism are too vague to be perceived with positive and unfailing accuracy.

The following are the principal phenomena and conditions which claim the attention of the physician:

*The temperature of the body.* An excessive *dry* heat of the whole body denotes fever. When an acute fever is about setting in, the skin is scarcely ever *cold*, and never to any high degree; but, whenever this coldness sets in suddenly in some acute diseases, it is a dangerous symptom, and points to a fatal termination of the disease, as in acute exanthema, where it is generally the immediate precursor of death.

As regards *the pulse*, it is unreliable only in the first years; afterwards, as it becomes more regular, it becomes likewise one of our principal diagnostic symptoms. In the first year, the normal pulse of an infant ranges about 90 beats in a minute; a greater number of beats would seem to denote fever, provided an infant's pulse is at all considered a reliable diagnostic indication. In subsequent years, the pulse deserves more attention, in which case, according to Meissner,\* we have to note, 1. whether the child sleeps, during which period the pulse is always

---

\* The diseases of children, (die Kinderkrankheiten, bearbeitet von Friedrich Ludwig Meissner, dritte Auflage, Leipzig. 1844.

smaller, and from 5 to 10 beats less; 2. whether the pulse is influenced by moral causes, such as dread of the physician, anxiety; 3. whether the child, shortly before we feel of its pulse, had been very restless or had cried a good deal; 4. whether the child had been fed shortly before, especially warm food or drinks, in which case, and generally during the period of digestion, the pulse would perceptibly rise; and, 5. at what period of the day the pulse is felt, for Knox,\* and Lisle,† and several others, have shown that, in the morning the pulse is slowest; that it increases in frequency in the after-part of the day, and that it is most rapid in the evening.

The *secretions*, and especially the passages, their color, consistence, frequency or suppression, eructations, emission of flatulence, vomiting, smell from the mouth, appearance of the tongue; the urine, the stain it leaves on the diaper, the moist or dry skin, eruptions, &c. For the benefit of the beginning practitioner I will subjoin a few additional remarks.

After an infant is born we have to examine the anus, whether it is closed, or otherwise abnormally formed, and whether the meconium has passed off. The passages of infants are of a bright-yellow color, soft, and occur several times a day; the little milky granules with which the passages are mixed up, are normal constituents. When infants are troubled with flatulence, the passages have a greenish tint. In case of inflammation of the bowels, the passages are transparent, glassy, mixed with slightly sanguineous mucus. When the passages are acrid, the anus becomes inflamed and looks red. Alternate diarrhoea and constipation points to an affection of the mesenteric glands, and obstinate constipation with retching and vomiting to the approach of hydrocephalus.

---

\* See the Edinburgh Medical and Surgical Journal, No. CXXXI., 1837.

† Gazette médicale de Paris, No. XLIV. 1837.

*Eructations, flatulence, bad smell from the mouth,* are symptoms of some gastric derangement which may have been caused by a cold, bad diet, &c.; sometimes colicky pains are likewise present.

*The desquamation of the skin* which takes place during the first fortnight of the infant's life, is a natural process arising from the action of the atmospheric air which dries up the amniotic fluid adhering to the epidermis, in consequence of which, the latter dies and scales off. In a judicial investigation this process of desquamation is of the utmost importance, for it always takes place one or more days after the birth of the infant, and therefore furnishes an almost incontrovertible evidence of the child's having been born alive.—The redness of the skin which sets in shortly after birth, should not be mistaken for erysipelas, or the yellowness which shows itself five or six days later, for jaundice; the brighter the redness, the darker will be the yellow colour.—If a *rash* should make its appearance during the first weeks of an infant's life, it is generally attributable to some accidental cause, such as excess of clothing, excessive warmth of the room or bed, inordinate use of warming-pans, &c. A removal of these causes is sufficient to remove the rash.

*The condition of the abdomen,* especially of the præcordia and the hepatic region. I deem it unnecessary to advert to this circumstance more in detail. A physician who has studied his profession fully and attentively, does not require any further information on this point; ignoramuses, of whom there are, alas! but too many in our ranks, would not be benefitted by any thing I might offer them in this place; they could not be enlightened by me, because they would not understand me.

*Respiration, cough, rattling, hot breath.* Howsoever unreliable the pulse may be in the first years of infancy, the respiratory process, on the contrary, is so much more valuable; for the frequency of the inspirations is our prin-



cial indication in case of an internal inflammation. Dilation of the nasal wings, and shortness of the inspirations generally denote an inflammatory affection of the chest. Frequent sighing during fever frequently portends an approaching exanthema. A sudden expiration after a slow inspiration indicates pulmonary congestion or hepatization. Singultus during respiration points to inflammation of some important viscus in the neighborhood of the diaphragm, which will inevitably terminate in gangrene and death; death is likewise sure to follow after the breath becomes cold and fetid. However, many of these symptoms may depend upon other accidental causes, on which account it is important never to lose sight of the general condition of the organism. The character of the cough sometimes furnishes us the best evidence in reference to the disordered condition of the respiratory organs; for instance, when the cough is loose and the child raises with ease, we infer the existence of some catarrhal affection; when the cough is dry and seems to cause pain, we suspect an inflammatory affection of the lungs, pleura, larynx. The peculiar sound of the cough in laryngitis, bronchitis, croup, whooping-cough, &c., will be described in the particular chapters on these diseases. In many diseases of infants and children, the physical signs are of great and even greater importance than in the case of full-grown persons; they furnish the best proof of the alterations which may have taken place in the condition of the thoracic, and especially the respiratory organs.

Now-a-days almost every medical college boasts of an able teacher who does his best to initiate his students in the mysteries of auscultation and percussion, by experiments on healthy as well as sick persons. Older physicians have less knowledge of the use of the stethoscope, because they have less frequently an opportunity of using it, and much practice is essential to acquiring this kind of knowledge. On this account, even the young physician, in spite of his preparatory studies, may commit

mistakes, and may suppose the sounds to be clear even in the second stage of pneumonia. In children of perfect health the clearest sound is obtained by percussing in the interscapular region. Continuing thence towards either side, the physician will find that the sound on the right side is duller than on the left, owing to the liver reaching above the line of the left side. The best place for sounding the lungs is below the nipples; but it is difficult to define all the different kinds of sounds by words; experience alone can teach them. The best stethoscope is the ear of the physician, and I use it even in the case of full-grown persons, whenever it is possible. For further information I refer the physician to the special works on auscultation and percussion.

The *crying* of infants is a diagnostic symptom of the utmost importance. To understand this mode of expressing their pains and wants, should be the object of a particular study on the part of a physician. Cries accompanied by restlessness, indicate unpleasant sensations; a short, wheezing, sobbing or suffocative mode of crying shortly after birth, may cause one to suspect, and not without reason, an asphyctic or apoplectic condition of the respiratory organs; crying with drawing up of the legs to the abdomen, points to colic; crying accompanied by crowding their fingers into their mouths and gnawing them, indicates pain from teething; crying when coughing denotes pain in the chest. If the crying should arise from some hidden cause, it is well to have the infant undressed, when some mechanical irritation will frequently be found to be the cause of the trouble.

*Alteration of the voice, hoarseness; impeded sucking, hiccough, excess or deficiency of sleep, quiet or restless sleep, starting during sleep, &c.,* deserve likewise to be noticed.

The statements of the mother or nurse should be carefully listened to in making up a diagnosis, but they should never be implicitly depended upon, because



mothers and nurses frequently conceal that which a physician should be told; or they may consider unimportant what a physician may require to know to make up his mind about the true nature of the child's complaint; or an excess of tenderness and fear may cause them to exaggerate the case and report imaginary troubles. The physician's own judgment and observation should be his principal guides in arriving at a true diagnosis.

---

## CHAPTER II.

### DIET OF CHILDREN.

In the case of full-grown persons as well as of infants especially when they are sick, the physician should watch and regulate their diet with particular care. There is a good deal in our present mode of living that is unobjectionable, but there are many luxuries that do not suit a strict diet, on which account the reader will perhaps thank me for a detailed account of the more important dietetic rules.

#### *a. First treatment of new-born infants.*

The physician should be well acquainted with the manner in which new-born infants have to be taken care of. We may have to correct abuses and enlighten the uninformed. Not only the vegetative, physical life has to be seen to. Also the moral influences should be regulated with the most scrupulous exactitude; lest some discord of the general organism should defeat the best arrangements of the physician in case of sickness. No half-work in sickness on the part of the physician. His regulations should be clear, precise, positive; errors in diet at this early age, may become the cause of disease in after-life, and may even occasion death. Though the mortality of infants is much less under homœopathic than under alloëopathic treatment, yet we may safely

assume, that the difference would be trifling if the diet of the infant were not regulated with great strictness from the moment of its birth.

The passage from the womb into the open air of heaven, occasions important changes in the organism of the infant. From the moment of its birth the infant begins to respire, and the senses begin to be active; other functions, such as the circulation, the functions of the intestinal canal, liver and skin, undergo a total change. Many infants bear these changes without prejudice to their health; others succumb to the effects which these changes produce in the tender organisms of infants; but in every case it is the physician's duty to do his best to enable infants to pass through this first phasis of their existence without injury. This duty is urgent in the higher as well as the humbler walks of life; among the wealthier classes it is fashion and prejudice, and among the poorer ignorance and superstition, that occasion many errors in the first treatment of infants. During the process of parturition the physician should be as watchful as possible. If the face of the child should be born first, the fingers of the hand which supports the perineum, have to be spread, in order not to hinder the process of respiration, which sometimes commences before the rest of the body is born. After the child is born, it should be laid as close as possible to the parts of the mother, transversely between her thighs, so as to prevent pulling or tearing the umbilical cord, in case it should be too short; for this might cause umbilical hernia. After the phlegm in the infant's mouth, which frequently impedes respiration, has been removed by means of the little finger, we allow a few regular inspirations before we proceed to tying the umbilical cord and then cut it four or five inches from the abdomen of the child.

Of all impressions which act upon the tender organism of the new-born infant, the contact of the atmospheric air is undoubtedly the most unpleasant. The respiratory

process commences as soon as the air touches the lungs. It would seem as though the sudden transition from the vegetative to the animal life must be more or less painful. In the very midst of the pains of parturition, the infantile circulation changes its course and the first attempts at respiration take place. The irritation which the lungs experience from the penetrating air, and the shock which the respiratory muscles receive in consequence of the sudden change of temperature, and of the whole surrounding medium, are sufficient to start the process of breathing. "The child," (says Daignan in his *Changes of human life*, vol. I., p. 2. Gera. 1799,) "passes from the womb into a cold air which penetrates and concusses it, and oppresses it from all sides. Its first impression is an impression of pain which it manifests by crying and moaning, precursors of the misery which it has to endure from the first to the last breath. Sad inheritance of human nature! This first impression of pain is undoubtedly due to the first contact of the air with the skin and lungs. It penetrates the lungs rapidly, moves and dilates the fibres of the pulmonary cells, and irritates them in an unpleasant manner." Nevertheless, though these first impressions may be painful, we know that the infant, in whom all the faculties are still slumbering, is not conscious of them; but, even were this the case, we must not forget that this sudden penetration of the atmospheric air into the lungs is indispensable to expand the chest and effect a complete dilatation of the lungs, which are in a state of collapse previous to birth. For this reason the sneezing of new-born infants need not be considered injurious; for it is not so much the consequence of a sudden cold as of the irritation caused by the contact of the atmospheric air, and is invariably followed by more vigorous inspirations.

With the respiratory process commences *the passage of the blood through the lungs*. In the fetus the blood passes from the right into the left ventricle through the

foramen ovale. But as soon as the infant commences to breathe, the foramen ovale becomes closed and is gradually obliterated, and the blood passes through the pulmonary artery into the substance of the lungs, for the purpose of taking in the oxygen which the preservation of the organism requires.

I need scarcely mention, that care should be taken to keep the air which the new-born infant is to breathe, pure and perfectly free from all heterogeneous influences, scents, and the like.

The next thing to be attended to is to *wash the child*. Unless this is done without any unnecessary loss of time, the child will take cold. The best thing to wash the child with, is tepid water. For the purpose of removing the greasy or caseous matter which adheres to the infant, its skin may be first rubbed with sweet oil, grease or washed butter, after which tepid water will easily remove it. Instead of soap, wheat or almond-bran may be used, which will not irritate the skin or eyes of the infant. After washing the child, we dry it speedily and gently, put a warm diaper on, dress it with warm clothes, and wrap it up loosely in warm flannel. In washing and dressing the child, we must take care not to pull the remnant of umbilical cord adhering to the child. This piece of cord is laid between fine linen and turned up alongside the navel, where it is kept in place by means of a bandage.

*Rest and sleep* in pure air are now the most pressing wants of the child. All scents and fumigations in the sick-room should be avoided, whereas we may open the window several times a day, for the purpose of letting in fresh air, of course with proper precautions towards the mother and child.

Although it would seem, to judge from the rather violent handling which the child experiences during the process of parturition, as though the little being could bear a little exposure, yet it would not be safe to risk

the child's welfare by exposing it to a sudden change of temperature, because daily experience teaches, that this kind of exposure may lead to many kinds of disease and even death. The temperature in which the infant lives should be as nearly as possible the same as that in which it existed previous to birth. The mother's warmth, the vital emanations from the mother's body, constitute the most pleasant temperature for the child; the mother's bed constitutes the most natural sphere of life for the infantile body, the spiritual vitality of the loving mother its most natural sustenance. Nevertheless, owing to the lochia which occasionally have a very strong smell, it is advisable to remove the child every now and then from the mother's side, and to substitute artificial warmth by means of a warming-pan or warm flannel for the temperature of the mother's body.

Until the period when the child cuts its first teeth, the mother's milk is sufficient food for the little being. When the teething process has set in, the child may be given other food beside the mother's milk. Many mothers are prevented from nursing their infants, by malformation of the breasts, dangerous or debilitating diseases setting in soon after parturition, or by some other bodily infirmities. If ill-will, prejudice, vehement temper and the like, should keep mothers from nursing their infants, it may be truly said that they do not appreciate the high delight of having given birth to an immortal being. In drawing the mother's milk, the infant is at the same time penetrated by the spiritual vitality of the loving mother. The mother is also benefitted by the nursing; for it diminishes the frequently dangerous symptoms accompanying the first setting in of the milk; it prevents indurations of the mammæ, diminishes the unpleasant and troublesome lochial discharge, and generally keeps off another pregnancy.

After the mother has had four or six hours' rest, the child may be put to the breast, lest the mammæ should



so swell up with milk that it might become impossible for the child to take hold of the nipple. The opinion entertained by some nurses, that at this period the milk is too watery and not good for the child, is entirely erroneous. God takes good care of the infant and knew all its wants before it was born. This first milk not only affords suitable food to the child, but it likewise serves to remove the meconium from the intestinal canal. It is exceedingly injudicious to use medicinal preparations for this purpose; if the mother's milk should prove insufficient, then an injection of tepid water will best accomplish the desired end.

*b. On the use of a wet-nurse.*

If the mother should be prevented by infirmity, prejudice, or by a selfish regard for her own comfort or fashionable wants, from nursing her babe, then she will of course have to decide between a *wet-nurse* or *feeding*.

The nurse's milk is undoubtedly the best substitute for the mother's milk, of which the healthy appearance of the infant is the best proof. Before engaging a nurse, her physical condition should be most carefully inquired into. This, however, should likewise be done with the mother, for, although it is a mother's natural office to nurse her infant, yet not all mothers are on this account able to fulfil it. The nurse should not be too old; she should have a robust constitution, and be perfectly healthy; hence she should not be afflicted with eruptions, herpes, ulcers, leucorrhœa, syphilis, fetid sweat of the feet, foul breath, decayed teeth, bad digestion, glandular swellings, scrophulosis, epilepsy, or any other disease, for it might entail years of suffering or a sickly constitution on the infant. The psoric dyscrasia which manifests itself in subsequent years, frequently dates from this period; it is sucked in with the mother's milk, and rankles in the recesses of the organism which it often prematurely destroys.

The nurse's own child furnishes a criterion of the state of its mother's health; if the child look fresh, vigorous, healthy, we may safely conclude that its mother's health is good and her milk suitably nutritious. For this reason it is well to select a nurse that had been delivered a few weeks before the mother, and is free from the nervous irritability which is apt to remain for a fortnight after delivery.

Inasmuch as the infant will undoubtedly be influenced by the physical as well as the moral condition of the nurse, it is indispensable that she should be as free as possible from vices and pernicious habits, such as a taste for ardent spirits, excessive sexual desire, an irascible or morose disposition. Impressions of this kind cannot be counterbalanced by acting upon the mind, and the animal temperament being intimately related to the physical organism, there is danger that the animal desires of the nurse may be more or less communicated to the infant. Moreover, sudden and violent passions produce a sudden alteration of the milk, which sometimes seems to act like poison on the infant. Depressing emotions, grief, care, dissatisfaction, &c. should never be allowed to disturb the equanimity of the nurse, lest the infant's health should be correspondingly affected. Sexual intercourse, though the mother may be allowed it moderately, should, for obvious reasons, not be indulged by the nurse.—The nursing has to be discontinued if the menses should again make their appearance or pregnancy should set in.

On her part the nurse should make it her duty to guard the child as much as possible against illness; this, she is best able to accomplish by regular diet, by avoiding all heating or spirituous beverages, spices, flatulent food, or food that is very salt, by inhaling as much fresh and pure air as possible, and by attending to light house-work. In general the constitution of a nurse and her former mode of life should be well considered, lest an extreme change should disturb her health, affect the milk, and cause fla-

tulence, colic, diarrhœa or constipation, sleeplessness and emaciation in the little patient.

If nothing should take place that might interfere with the nursing, such as menstruation, another pregnancy, disease, &c., it may be continued for about forty weeks, or as long as a natural pregnancy would last; a robust child may be weaned even before this time. To nurse a child for several years is wrong, and contrary to nature.

*c. On the method of bringing up a child by hand.*

If parents should be averse to the use of a wet-nurse, or should, from other causes, be unable to engage one, the process of bringing up a child by hand will have to be resorted to. This process being much less successful than nursing, let us inquire what may be the cause of it.

Though this method is objectionable in many respects, yet it is not near as unsafe as some suppose, provided the infant is fed on suitable food and is otherwise attended to with appropriate care. If the food be moreover prepared in a suitable manner, and given at regular periods, with untiring patience, tact and scrupulous exactitude: then the infant may, even under this process, grow up to a healthy and vigorous child.

The most suitable food is milk, provided it is adapted to the wants of the infantile organism, and is prepared in a manner that shall make it appear as nearly as possible like mother's milk. To expel the meconium *Meissner* advises for some days a kind of whey, until the passages assume a yellow tint. The child should imbibe its food through a little glass-tube, provided at its end with a fine sponge, shaped like a nipple; by this means we can more easily determine when the infant has had enough. Every time the sponge has been used, it should be taken off and well washed in clean water, in order that no acidity may develop itself in the sponge, and the milk become tainted in consequence, and the digestion of the infant be deranged.

The milk should have the temperature of mother's



milk, to obtain which, the little sucking bottle containing the milk should be inserted in warm water until a suitable temperature is obtained. This precaution should not be neglected at night; adding a little warm water to the milk in the bottle will best answer the purpose. Whenever the child desires to drink, the beverage should be prepared afresh; and should never be offered to the child warmed up.\* In bringing up a child with the bottle or spoon, a few ailments will be found unavoidable, for it is impossible to replace nature entirely. The best plan is to give the milk unmixed with any thing, first however boiling it and skimming off the cream after it has cooled. The child will soon be able to use this milk without any inconvenience. In the first period it may be sweetened with a little sugar, the quantity of which may be gradually reduced, until after the lapse of six weeks it may be left off entirely. The sour vomiting with which infants are troubled, takes place much less frequently after pure milk, than after milk diluted with water, which is generally added in unequal quantities. Pure milk is entirely sufficient for the child in the first week of its existence; it may be given as often as the child wakes, for regularity of hours is as yet impossible.

Only in case the pure milk should cause diarrhœa, milk diluted with water may be tried, or, what might be better still, a little oatmeal or farina, or even a little of the yolk of an egg might be added. It is impossible to indicate precise rules on this subject; the physician will have to try one thing or another, and be guided by experience. It is important to use every possible care and precaution, by which means a host of troubles which generally depend upon a vicious diet and a consequently deranged digestion, may be staved off. A child that is brought up by hand, must have more substantial nourishment

---

\* In this country several excellent kinds of nursery lamps have been contrived, which seem to answer the purpose tolerably well.—HEMPEL.

than milk, at an earlier period than is required in the case of a child nursed by the mother; this is probably owing to the fact of the former being deprived of the strengthening influence of the mother's spiritual vitality. An excellent nourishment is plain biscuit, which may be given four times a day, suitably sweetened with sugar and soaked with boiling water. For a change, it may likewise be boiled with milk or water, and the baby may be fed a few spoonfuls. For this purpose it is well to first grind it into a powder with a rolling pin. Arrow-root, farina or oatmeal are likewise recommendable.\* After the lapse of nine months, three meals a day are sufficient, which may then be a little more copious. Gradually more nourishing food is resorted to, plain broth, with sago, farina, gruel, or mixed with the yolk of an egg. All this kind of food should be prepared whenever it is to be used.

Sugar-tits, which some parents put into their children's mouths, should be discarded; they are very apt to cause acidity, flatulence, diarrhœa and other disturbances.

One of the most ordinary consequences of bringing up a child by hand, is constipation. If the bowels should remain unmoved more than twenty-four hours, an injection of tepid water may be given. This course should be continued until the bowels are quite regular.

*Gross*, in his essay on the treatment to be pursued during parturition and confinement,† disapproves of feeding, for reasons which every physician who is true to nature, must admit; but the physician does not always succeed in combatting prejudices and fashionable dissipation by reasoning, or in persuading mothers that the

---

\* An excellent preparation for children, which is frequently used in this country, is the following: Take a teaspoonful of prepared barley or barley-flour to a teacup of water, boil it ten minutes, and then add a teacupful of milk, and boil it up again, this is strong enough for babies of six months old; for younger children dilute it in the proportion of one-third of milk and two of water.—HEMPEL.

† Published by Arnold in Dresden, and Leipzig, Germany.

mother's milk is the most suitable kind of nourishment for her infant. There are also mothers who are averse, from excessive tenderness, to seeing their infants brought up by a wet nurse. In all such cases, all that a physician can do, is to accommodate himself to the tastes or caprices of his patients, unless he chooses to injure his practice, or expose himself to the suspicion of being headstrong. If parents should be unwilling to listen to his advice, he has done his duty, and all that then remains for him to do, is to regulate the diet of the child, in order to guard the little being against all avoidable derangements.

*d. On the physical education of infants during the first years of their existence.*

One of the principal means of keeping the child strong and healthy, is *cleanliness*, which it is scarcely possible to exaggerate. The child should be washed every day with tepid water by means of a sponge; this operation should be performed in from ten to fifteen minutes. After nine or twelve months, cold water may gradually be substituted for tepid. Washing the child with cold water every morning, is one of the best means of strengthening the nerves and skin, and preserving the child from nervous attacks or from catarrhal and rheumatic complaints. It is well to harden the child little by little against unfavorable atmospheric impressions, and especially to avoid all premature sensual or intellectual development. We should bear in mind that the first life of the child, is a vegetative existence, which requires rest and sleep and a reasonable exposure to the different states of the atmosphere for its tranquil and uniformly successful development.

One soon finds out, by the restless manner, or the plaintive moaning of the child, whether the diaper requires to be changed. This should be done at once, after washing the child with a sponge. Frequent wash-

ing, especially of the joints, axillæ, and the creases, will prevent soreness, for which purpose a little powder may likewise be applied. It is moreover indispensable to change the baby's linen as often as possible.

*Pure air* is absolutely necessary to the health of the infant. The nursery or the room where the child is kept should be light, spacious and clean; the room should be frequently ventilated by opening doors and windows, previous to which the child has of course to be carried to another room; or the air may be renewed by hanging in a frame of gauze. A coal-fire should be avoided, if possible; nor should any fumigations be used, or the vapor from a wash-tub be allowed to enter; all excessive heat should likewise be avoided.

In the summer-season, a child may be taken for a few hours into the open air, after the first fortnight, of course neither in the hot sun, nor in the cool morning or evening-air. In the winter-season, the child should only be taken out when there is no wind and the sky is perfectly clear; nor should the thermometer be down to the freezing-point.—Air and water are the principal constituents of organic life, and the cardinal elements of a rational physical education.

The child's *dresses* should never be so tight as to impede the free motion of its limbs. The old-fashioned swaddling-clothes are utterly condemnable; they hinder the free growth of the child, and derange the digestion. Every careful observer must have noticed an expression of joy and comfort in the child's features, when it is allowed to move its little limbs without restraint. In the summer-season the child's dresses should be made of linen; in the winter cotton and wool may be used.

In the first year, when the infant requires to be kept warm, it may sleep in the mother's bed, taking care however that all excess of temperature should be avoided. The head should not be covered up too much, lest an undue action of the skin should give rise to eruptions.

Feather-beds should be avoided and horse-hair mattresses be used instead. Quilts and blankets are the most appropriate covering.

*Sleep* and *rest* are indispensable to new-born infants. For the first days they sleep almost uninterruptedly, and they are only roused from sleep by some pressing want. Sleep is the best natural means of giving them strength. Very little waste takes place during sleep, hence, its use in helping the development of the infantile body. An infant's sleep should never be disturbed for the first six months. It is a sweet and holy slumber of which kind nature avails herself for the purpose of adding strength and vigor to the delicate organism. Rocking is a foolish and sometimes pernicious mode of putting children to sleep; the intellectual weakness of children is frequently attributable to this practice.—Sleep obtained by such artificial means, does not refresh the child; if it should sleep too little or cry a good deal, without any apparent cause, we may infer that it is troubled by pain which can be appeased by appropriate treatment.

Children should not be carried erect too soon; their heads are too heavy, the cervical muscles are too weak, and the vertebræ too soft, on which account the spinal column might become curved, and the children be crippled for life. Before the tenth week no child should be carried erect, and then only for a short while at a time, so as to get used to it little by little. After it has attained the age of four or five months, it may be carried erect all the time while awake, of course with proper care. The position of the child should be changed every now and then, and care should be taken to exercise every part of its little body. As soon as possible it should be seated on the floor, and should be allowed to amuse itself with a few playthings or even to crawl about, if it should be strong enough to attempt it. All this will contribute to



teach the child the use of its legs, and will not retard it as some parents foolishly imagine.

The child should now be fed *at regular periods*, three or four times a day; pastry, cakes and other little dainties should never be allowed between meals. Every organ of the body requires rest and recreation, in order to be enabled to resume its functions with renewed vigor; this rule is likewise applicable to the stomach, which it is an easy thing to accustom to regularity, provided we commence at an early period of life. This regular exercise of the stomach is one of the principal means of preserving the digestive functions, and keeping off the numerous forms of dyspepsia, which is such a prevalent and troublesome disorder among the higher and middle classes. Previous to cutting its first teeth, the child should have little, if any, solid food; after this period, and until the seventh year, the child should have milk for breakfast and supper, very little meat, with light vegetables at dinner; no fat, cakes, sugar-plums, spices, coffee or tea; water should be its only drink; spirituous drinks, such as wine or brandy, would weaken the stomach by over-excitation, whereas water will enable it to digest every kind of otherwise suitable nourishment.

The *life of the senses* requires to be developed with particular care. It remains latent until every particular sense is excited into action by an appropriate stimulus. Tact and taste are developed first, afterwards sight, hearing and smell. The infant's eye being very sensitive to the light, all glaring light and every sudden change from darkness to light, should be avoided. Shrill sounds are likewise unpleasant to the tender ear of an infant, and it should not be exposed to them; they might cause it to start and injure its health; it is well known that sudden fright may even destroy life. Strong odors and mephitic air at first injure the lungs more than the olfactory nerves. All sudden changes of temperature expose the child to many kinds of suffering, on which

account the temperature in which the child lives, should at first be as uniform as possible, afterwards we may regulate it with a little less anxious care.

Intellectual development should not be thought of, until the body has acquired the necessary consistence and strength. A premature development of the mental faculties might in the end lead to idiocy, or entail all sorts of nervous ailments on the future man.

On the other hand, it is well to accustom children to think as little as is consistent with health, of trifling pains or ailments.

The hygienic treatment of riper children coinciding with that of full-grown persons, I deem it unnecessary to describe it in this work.

---

### CHAPTER III.

#### GENERAL THERAPEUTIC REMARKS RESPECTING THE DISEASES OF CHILDREN.

One of the most illustrious practitioners of medicine whose opinion every body respects, *Hufeland*, says in his treatise on the diseases of children: "The diseases of infants having no well-defined boundaries or character, the best course for us to pursue, is to treat them agreeably to the general principles of pathology and therapeutics. The simpler the treatment the better." This shows that *Hufeland* had no particular taste for the mixtures of the Allopathic School; and, if he had extended this principle to the diseases of full-grown persons, we might have felt disposed to consider him as one of us. All his remarks on homœopathy show that he had seriously reflected on the subject; they are evidently the opinions of an honest, experienced, wise and humane practitioner.

He says likewise: "In treating a child, we may hope



for the best and likewise fear the worst ; in other words, we must always be prepared to see some dangerous paroxysm set in, and on the other hand, never lose courage should the danger be ever so great ; for the recuperative power of the infantile organism is so great that it will accomplish the restoration of the little patient as by a miracle."

But his great rule is : "*Never do too much*, on account of the extreme irritability and susceptibility of the childish organism. Nowhere does the rule, not to hurt while we mean to do good, apply with more appropriateness than in treating a sick infant. The less medicine the better. Much can be done here by trifling means. Small causes sometimes produce frightful effects ; a little acidity in the stomach or a little flatulence, for instance, may cause convulsions. In the same way, the simplest remedies may produce the most extraordinary changes for the better. In the case of a child, nothing should be rated as trifling." Such opinions deserve the highest regard, and, although homœopathic physicians need scarcely to be reminded of small doses, since they constitute an integral portion of their system, yet it can do no harm to record Hufeland's opinions whenever a suitable opportunity is offered. The truth, that small doses should be resorted to in the treatment of diseases, is just as important as the fundamental principle "*similia similibus curantur*;" and especially does this truth hold in the case of children whose organisms, endowed with high sensibility, receive without hindrance the action of our dynamic, almost immaterial agents. I should be less anxious to insist upon the dose, if I did not know that beginning practitioners are too apt to jump from one remedy to another, or to repeat the dose with undue and unnecessary frequency. This may result either from excessive anxiety, arising from an insufficient knowledge of the course and termination of the disease, or it may be owing to a merely superficial study of the physiological

effects of our drugs, or perhaps to a taste for quackery, to self-complacency, or an officious interference with the requirements of nature. On this account the homœopathic practitioner should study with great care, pathology and the homœopathic materia medica, unless he means to content himself with the bare success that allopathic physicians boast of, and to deprive himself of the means of accomplishing the brilliant results which crown the efforts of the truly wise homœopathic practitioner. I repeat, therefore, give a sick child *small* or *highly attenuated* doses at long intervals, provided the remedy had been correctly chosen, which we may easily know from the fact that the child will fall into a sweet slumber after the first dose, and will awake refreshed and in better spirits. Homœopathic aggravations which we need not so anxiously avoid in the case of full-grown persons, should be guarded against in little children, whose vital forces might easily be depressed beyond the point of reaction; this danger is best obviated by exhibiting the smallest possible dose.

The unnecessary repetition of the medicine may likewise prove hurtful, for a second dose will sometimes neutralize the good effects of the first. Is the office of nature to be overlooked? Does the physician imagine that his art can accomplish every thing without nature's help? The remedial agent is simply to assist the efforts of nature to restore the equilibrium of the disturbed functions, which the remedial agent could not accomplish alone, without being assisted by the curative energies of the organism. In order to do the child justice, the physician should watch the case with untiring perseverance; he should notice every little circumstance which is sometimes productive of a complete revolution in the little patient's case, and, from his perfect knowledge of the case, derive the certainty whether the first dose is to be allowed to act undisturbedly, or whether a second dose or another remedy is to be administered. *If the*

*least improvement should have taken place, the medicine must be left alone; if, in a few hours, no change should have taken place, a second dose may be given; if the disease should have attacked other tissues or organs, a new remedy should be exhibited.*

From what has been stated in the preceding paragraphs, we may infer that inflammatory conditions are quite frequent among children. Even if we consider the sentient or nervous sphere as the seat of many diseases, yet we must admit that in children, in whom the nervous life is still very limited, the disease will speedily invade other systems or tissues, and there manifest itself so energetically that all previous symptoms will seem to disappear. The irritable and reproductive spheres seem to be particularly affected, and indeed the more the more essential the invaded organ is to the general vitality of the organism. In the first period of the child's life, all the organs seem to hold the same rank, nor does any one organ seem to be particularly favored; hence the peculiar character and prognosis of children's diseases; and hence again the circumstance verified by experience, that many remedies deserve a characteristic preference over others.

The thoracic and cerebral organs being frequently those that are most intensely affected by the formative process going on in every part of the child's organism, they are, on this account, more than any other organs, subject to inflammatory conditions. Symptoms will, however, frequently make their appearance, which seem to indicate an irritation of the nervous system, and may, nevertheless, be occasioned by vascular irritation; or they may likewise be owing to an excited condition of the assimilative and digestive functions. All such symptoms are sometimes removed as by magic, by means of a very minute dose of the *Aconitum-nap.*, not because it happens to be the principal antiphlogistic of the homœopathic healing art, but because its physiological action

on the body corresponds exactly to the morbid phenomena of the child's organism. It is a perfect panacea for children, and without this agent I should not like to be their physician. No other agent penetrates so universally and thoroughly the organism, as to meet, with the like completeness, the universal derangements of the child's body. It is on this account that *Aconite* proves such a useful remedy to the routinist, and in his hands, answers the same purpose as it does in the hands of an experienced and scientific practitioner. *Aconite* is the principal antiphlogistic of the homœopath, and is infinitely preferable to leeches, which sometimes cause dangerous hæmorrhages, and constitute the only specific antiphlogistic of the allopathic physician in a child's case. We know likewise by experiment, that *Aconite* produces congestions in vital organs, and that it is therefore possessed of specific virtues against the consequences of fright or chagrin which the child may nurse from the mother.—Various kinds of pain for which we are unable to account by any perceptible cause, and the existence of which we have to infer from the cries and restless motions of the child, are frequently removed by *Aconite*. Affections of the lower spheres, such as the mucous membranes, especially when of a catarrhal order, yield likewise to *Aconite*. Convulsions, tetanic spasms, hiccough, rolling of the eyes, trismus and many other diseases caused by an excessive irritation of the nervous system, are easily conquered by *Aconite*, provided the physician has learned to appreciate symptoms at their proper value, and in general, to establish a correct diagnosis.

Next to *Aconite*, *Chamomilla vulgaris* deserves the highest rank in diseases of children. Though an antiphlogistic of an inferior order, it may nevertheless, on account of its modifying action on the *ganglionic* system, be useful in sub-inflammatory diseases, especially when gastric or bilious symptoms, which occur so frequently among children, are present. On this account

it is frequently of importance in the jaundice of newborn infants, unless *Aconite* should prove more adapted to this morbid condition. It is strange that this distinguished remedial agent should be so utterly neglected by old-school physicians, and that its indiscriminate use should be tolerated in connection with other remedies, without a single word of advice against it. What a quantity of medication might be dispensed with, if physicians would only take the trouble to investigate the medicinal virtues of *Chamomilla vulgaris*. All sorts of experiments are made to discover the seat and nature of diseases, and it must be admitted that, through the recent efforts of old-school physicians, we have been enabled to indicate the seat of a disease almost with mathematical precision.\* They demand that such efforts should be acknowledged, and they are acknowledged even by those who treat diseases upon principles totally at variance with their own. But old-school physicians reject the experiments of their opponents, and deny their usefulness and correctness, although daily experience furnishes the proofs of the contrary. Why is this? Because they pertinaciously believe that drugs are only able to cure, not to create diseases. If they could only be induced to imitate our experiments without prejudice, and with care, they would soon find out that our law of cure is true; they would soon discover that the homœopathic preparation of *Chamomile* is quite different from the allopathic substance; they would soon learn that, in children's diseases especially, the allopathic nitrum, oleaginous emulsions, mucilaginous, absorbing and other remedies, are frequently less efficacious than the small-

---

\* It may be well here to note the fact, that the case of the late Daniel Webster offers a striking proof of the contrary. First his case was pronounced to be an inflammatory affection of the stomach, then a cancerous affection of the smaller intestines, but was in reality, as the post-mortem examination showed, an organic disease of the liver. His physicians occupied a high rank in the profession.—HEMPEL.



est dose of a homœopathic preparation of *Chamomile*. A good deal of acidity frequently accumulates in the infantile stomach which is, on this account, the seat of many diseases that, according to the language of allopathic physicians, owe their existence to acidity in the primæ viæ. Hence the sour vomiting, the sour-smelling, stirred stools, dyspeptic symptoms, flatulence, colicky pains, &c., which yield to a single dose of homœopathic *Chamomile*, and require a host of allopathic contrivances that expose the little sufferer to a long convalescence, even if his constitution should be ever so robust. If the mother, nurse or infant, should have been dosed with quantities of *Chamomile* tea, in such a case, *Coffea*, *Aconite*, *Ignatia*, or *Pulsatilla*, would be appropriate in the place of *Chamomile*.\*

*Ipecacuanha* is another important remedy in diseases of children, and is used by homœopathic physicians as a dynamised agent much more frequently than by physicians of the opposite school, who only use it for the purpose of exciting vomiting. It is not the circumstance that children vomit with the greatest ease, and are frequently relieved by vomiting without further medication; nor that the infantile organism manifests a striking tendency towards congestion of the superior organs; it is simply the physiological experiment which enables the homœopathic physician to decide that, in accordance with his principle "*similia similibus*," the following symptoms will yield to the action of *Ipecacuanha*: loss of appetite, frequent eructations, yellow mucous coating of the tongue, loathing, disposition to vomit, easy or else very difficult vomiting of the ingesta or of mucus; colic

---

\* It is nevertheless true, that a very high potency of a drug antidotes the dynamic effects of massive doses of the same drug; a high potency of *Coffea*, provided it is otherwise indicated, will cure wakefulness even in persons who are in the habit of drinking coffee; and a high potency of *Chamomile* will show its full curative action even in those who had been drugged with *Chamomile* tea or fomentations.—HEMPER.

with yellowish fetid diarrhœic stools; cough, rattling, phlegm in the chest, asthma, spasms and convulsions; catarrhal ailments, &c.

*Belladonna* is the fourth grand remedy in diseases of children. He who has studied as well as I have the whole range of the curative action of *Belladonna*, especially in diseases of children; he who has witnessed the marvellous effects of a minute dose of *Belladonna* even in the most desperate cases, without causing any violent commotion in the organism, will not wonder that I should laud it. But to accomplish all this good, it is necessary to study its action as it is recorded in all its fullness in the materia medica pura, and not to pick up a mere fragmentary knowledge here and there. The nervous system of children, though, according to my observation, less active than other portions of their organism, may nevertheless become diseased, especially when an undue vascular irritation is present, in which case the nervous derangements become so much more important and complicated, as is the case in encephalitis, pneumonia, pleuritis, enteritis, &c., where both the cerebral and ganglionic systems are involved. These few remarks are sufficient to show the extensive sphere of the action of *Belladonna*; as an antiphlogistic it is related to *Aconite*, and it ranks with *Chamomilla* by its action upon the sentient sphere in inflammatory affections. But even when no inflammatory condition is present, *Belladonna* is an excellent remedy for many affections of children that either depend upon gastric weakness or had been occasioned by some other cause. Of this number are the various spasmodic affections, for the cure of which *Belladonna* is one of our principal agents. It is to be hoped that these few remarks will suffice to excite a desire in the beginning practitioner to obtain a more familiar acquaintance with this heroic agent.

*Ignatia amara* is allied to *Chamomilla* and *Ipecacuanha*, and should always be thought of wherever the



other two are indicated. In diseases of children I use this medicine only for spasmodic or purely nervous affections. I never use it in affections characterised by congestion of the superior or inferior organs. It is understood that this applies only to children; in the case of full-grown persons I use it likewise in other diseases.

*Coffea* is an indispensable intercurrent remedy in many affections. I may mention feverish conditions with excessive nervousness and sleeplessness, or restless sleep with starting. *Coffea* appeases the convulsive symptoms which sometimes occur in debilitated children without any apparent cause; or it acts as a sedative in painful affections, when the children seem to be anxious and restless, or even beside themselves, and when the violence of the pain does not seem to be a sufficient cause of this nervousness. What was said in reference to *Chamomilla*, is likewise applicable to *Coffea*; if coffee should have been drank to excess by the mother or nurse, *Aconite*, *Chamomilla*, *Ignatia*, *Opium*, *Mercurius* require to be used instead of *Coffea*.\*)

Every practitioner who has sufficient experience in treating children, knows that *Rhubarb* is another excellent remedy for some of their diseases. But the homœopathic physician does not use *Rheum* as a cathartic or derivans, but in accordance with the principle "*similia similibus*," by which means he frequently succeeds in destroying dangerous diseases in their germ. What a useful remedy is this agent, for instance, when children are excessively pale, cross, and the fingers, facial muscles, eyelids are all the time twitching; or when the child tosses about, cries, twists its limbs or body, without any perceptible cause; or when the teeth become troublesome, and such like conditions, which sometimes denote an impending serious disorder. *Rhubarb* is likewise

---

\* See the note page 31.---HEMPEL.

an efficient agent in many gastric affections with abdominal symptoms, bloating of the face, especially the eyelids, dilatation of the pupils, superficial slumber, apparent loss of consciousness, &c.

*Sambucus* deserves our attention if for nothing else than certain asthmatic conditions. Speaking of asthma, I may as well mention *Moschus*, *Asaf.*, *Pulsatilla*, and *Arsenic*, which together with *Ipecacuanha* and *Ignatia*, frequently remove this affection, if otherwise indicated. But these remedies are not only useful in asthma; they render likewise good service in various abdominal and pituitous affections, in scrofula and affections of bones. In the various gastric and worm-affections of children, all the above-mentioned remedies are more or less useful, beside which *Mercurius*, *Cina*, *Nux-vomica* and *Cinchona* deserve to be mentioned.

Hahnemann, it is true, has cautioned us against the use of *Mercurius*, and I confess that, at first, it was not without serious misgivings, that I dared to employ it as a remedial agent. But this extreme cautiousness has been the means of opening my eyes to the admirable curative powers of this agent, and of convincing me that Hahnemann's fears were exaggerated, and resulted either from the erroneous statements of others, or from the misapprehensions of his own judgment. Why should we not avail ourselves of Hahnemann's own splendid proving of *Mercurius*, as recorded in his immortal *Materia Medica Pura*? Do not many of the symptoms show that *Mercurius* is essentially adapted to the diseases of children? I therefore recommend it especially in pituitous conditions, in glandular, inflammatory and catarrhal affections, in worm diseases, affections of the skin, tendons, bones, and secondary cerebral affections. I scarcely need observe that the syphilitic symptoms which we sometimes discover in children, cannot be removed without *Mercurius*. In such cases, however, it should be given in a high attenuation.

Next to *Mercurius* I rank *Dulcamara*, especially in recent catarrhal affections. This is almost the only remedy which, in diseases of children, I have not been so very particular in giving in very minute doses. However, I have never gone below the third attenuation, and have always administered the globules. It is appropriate in diarrhœa, glandular affections, affections of the mucous membranes, or in acute cutaneous affections, characterized by the above disturbances. It is likewise efficacious in anasarca, developing itself after cutaneous affections, especially when of a catarrhal origin, in which disease *Rhus-t.* and other remedies may likewise prove valuable.

In the hands of the homœopathic physician the *crude Antimony* as well as *Tartar-emetica* are indispensable remedies for various affections of the mucous membranes, the respiratory and digestive organs. I sometimes use *Antimonial-wine*, even in very small infants, especially when of a stout frame and plethoric habit; my principal indication is a continual rattling in the bronchial tubes, which sometimes precedes a sudden death. I give one drop at a time, two or three times a day, but discontinue the medicine as soon as I perceive the least tendency to vomit.

The preparations of *Iodine*, or medicines which contain Iodine, are likewise resorted to by homœopathic physicians in the more important diseases. *Cod-liver-oil*, for instance, which contains a very small quantity of Iodine, is useful in the case of scrofulous subjects of a slender make, with thin, weak muscles, pale color, especially in the face, transparent veins, margins around the eyes, weak appetite, desire for bread and butter, &c. I give a teaspoonful morning and evening. But it is indispensable to continue it for a time, and children become fond of it after the first repugnance has been overcome. The *Iodide of Potash* is more adapted to a fully developed scrofulosis, which requires a more penetrating treatment, and which this agent, to judge from the scanty

provings which we possess of it, is able to accomplish. Both these remedies are chiefly known empirically, and we are indebted to the speculative doctrines of the old school for their introduction into our own materia medica.

As regards the *Iodine* itself, it is not well to give it in massive doses, which, if administered according to the homœopathic method, might prove highly injurious. According to the provings which we possess of it, it is only indicated in very few cases of scrofulosis; on the other hand, it deserves a preference in many other affections of children, among which may be mentioned membranous croup.

*Arnica* is our well known specific for contusions, bruises and other similar injuries of the muscular fibre. Externally we may use the tincture, and internally the attenuations. It is likewise indicated in some forms of cerebral disease. In affections of the brain *Digitalis* may prove useful in some cases, as also in jaundice, bronchial catarrhs, &c.

It is unnecessary to multiply this list of remedies in the present chapter. In the subsequent chapters the remedies for the various diseases of children will be fully and minutely described. Nevertheless, I feel as though this chapter should not be closed without mentioning two of the most important remedies for children, I mean

*Sulphur* and *Calcarea-carbonica*. I have placed these two remedies at the end because they are seldom indicated at the commencement of an acute disease. As a general rule they are not so well adapted to acute diseases, though it may be proper to exhibit them in some cases after the treatment is fairly under way, and especially when the acute form threatens to assume a chronic character. Their proper sphere of action is chronic diseases, which we infer in a measure from the fact that the curative virtues of mineral waters reside in the infinitely divided earths and minerals which the waters hold in solution. Hahnemann found this out by experiment, and

it is probable that the brilliant results which he obtained in his experiments, led him to value Sulphur and Calcareo so highly. It is true, even when he first entered upon his career as a reformer, he suspected the vast powers of these two drugs; following, in this respect, the example of all the previous masters of our art, the most successful among whom were generally those who added either Sulphur or Calcareo to their prescriptions. Be this as it may, to Hahnemann we are indebted for a more accurate knowledge of the therapeutic virtues of these two agents, which can scarcely be dispensed with in any chronic affection. I am unable to determine whether it is the resemblance of the symptoms of Sulphur, (which, in combination with *concha præparata* was used by old-school physicians as a specific for scabies, and is likewise one of our own specifics for this malady), to the principal symptoms of chronic diseases, that induced Hahnemann to generalize them under the technical name of *psora*; it is a fact, however, that this resemblance exists, and that either one or the other of the symptoms of Sulphur corresponds to some natural chronic disease. If Sulphur and Calcareo were, however, adapted to chronic affections only, they would not be of much use in diseases of children, which are generally accompanied by fever. But we know from experience that inflammatory diseases of children are successfully treated with both Sulphur and Calcareo, and though I am not one of those who maintain that these two agents supersede all the other antipsorics and all vegetable drugs, yet experience compels me to admit that acute diseases of children can be controlled by either of these two drugs. Let us, therefore, adhere to the truth, and apply it step by step.

If Hahnemann's doctrine of "latent *psora*," be at all true, it can best be verified in the new-born infant, unless some acute disease should be super-induced by other causes. The more I reflect on the doctrine of *psora*, and compare my observations with the statements of Hahne-



mann, the more I feel induced to think that, after all, this great teacher might have based his doctrine upon a perception of truth. The foetus is an integral portion of the mother, and drawing all its sustenance from the mother, is necessarily tainted by her diseases, and imbibes them the more thoroughly the more inveterate they are in the mother. After its separation from the mother's body, the child enjoys, indeed, a more independent existence; but the milk which it now draws from her, feeds the morbid matter which had been ingrafted upon it during the foetal life; or else the milk of an apparently healthy nurse, but whose constitution may nevertheless be more or less vitiated, without either herself or any body else knowing it, develops the hereditary taint of the infant; or lastly, this taint had pervaded the child's organism so completely and intensely that the least exposure brings about an acute attack. Children who are perfectly sound, are not disturbed by trifling causes; they have no fever while teething, they do not start during sleep, they are not subject to convulsions, diarrhoea, inflammatory conditions, hydrocephalus, and the like. The sudden appearance of some violent acute disease, can only be accounted for on the supposition that an hereditary taint exists in the child. And if this be the case, my doctrine that Sulphur and Calcareo, being our most energetic and pervasive antipsorics, may be resorted to at the very commencement of an acute attack in the case of a child, has a correct foundation. I have had cases of encephalitis which resisted every remedy and threatened to terminate fatally, until I dissolved a few globules of the 30th attenuation of Sulphur in one-third of a common tumblerful of water, and gave the child half a teaspoonful of this solution two or three times a day. Even if no improvement was perceptible on the first day, yet the disease ceased to grow worse, and either yielded to the action of Sulphur alone, or else to the very remedies which seemed to be without effect before the exhibi-

tion of the Sulphur. In many cases where the symptoms pointed to an impending inflammation of the brain, I have succeeded in cutting off the disease by a single dose of Sulphur. In such cases it is of the utmost importance to examine the mother very closely, or, if this should prove unsatisfactory, the nurse; the previous condition of the mother or nurse sometimes leads to a correct interpretation of the infant's disease, and at the same time points out the series of remedies among which we shall have to choose. The same remarks apply to *Calcarea carbonica*, and I am, therefore, justified in placing these two remedies at the head of those which embrace more particularly the diseases of children.\*

In the treatment of children the allopathic physician enjoys one advantage over his colleague of the opposite side, especially in the presence of parents who are not yet sufficiently acquainted with the peculiar character of our practice. Parents, being naturally impatient and anxious, want the physician to be doing something all the time, and it is on this account that they are more easily tranquillized by the allopathic physician, who is all the time prescribing new remedies, and moreover, repeats his doses much more frequently. To meet such cases, the homœopathic physician, may resort to some of the following contrivances, which in no way affect the homœopathic remedy. First, and foremost, I will mention a *warm poultice*, made of oatmeal, or bread and milk. It may be made with a little boiling milk and water, not too thick, and should be enclosed between soft linen to the thickness of about an inch. It is applied as warm as the patient can bear it, to the soles of the feet, to the chest, abdomen, in case of spasms or cramps,

---

\* These lines had been written long before Dr. *Kick* sent me his article on the same subject for the homœopathic Gazette, and which will be found in vol. XL. No. 19. His statements confirm my views, and by inference, the principle, *similia similibus*, if properly understood and applied to practice.



&c., or to an abscess, for the purpose of bringing it to a head, which may likewise be accomplished by means of a flax-seed poultice. *The vapor of water or milk* is likewise of use to appease troublesome symptoms, as in affections of the throat, larynx, trachea, in cases of otitis, otorrhœa, indurated cerumen, &c., it may likewise be proper to gargle the throat with a little warm milk, a decoction of carrots, or an infusion of slippery elm. In diseases of the larynx, relief is frequently obtained by covering it with a common sponge soaked in warm water. In spasms of the bowels or bladder, I have frequently combined the use of appropriate internal remedies with a *liniment of warm oil*, which likewise affords relief in acute rheumatism, though frictions with flannel are preferable in this affection. Similarly useful are *warm dry poultices*, and little cushions made of oat-meal, flax-seed, flour or cornmeal. In typhoid diseases fomentations of warm vinegar are sometimes advisable. In diseases of children, injections of warm water, milk, milk and molasses, soap-water and sweet oil, or linseed oil, or of cold water, are sometimes indispensable. The mischief that an injection might do, is abundantly counterbalanced by the good it accomplishes, and howsoever much injections may be disapproved of by a few homœopathic purists, I do not hesitate to recommend them as important and extremely useful auxiliaries in our practice, if properly used. If the child's bowels be bound for one day only, it becomes restless, especially when sick; if they should remain bound for another day, the parents become anxious, and even should there be no danger, yet they assail the physician with doubts and urge him to do something for the child's bowels. To avoid spasms and other consequences of an obstinate constipation, it is well to resort to an injection, which will relieve the child's bowels much more speedily than any of the remedies that we might give for it. And then it is proper that we should have some regard for the anxiety

of parents and for our own interests, which it would be foolish to sacrifice to dogmatic caprice.

*Baths* should not be neglected by the homœopathic physician, especially after acute exanthems, or in chronic eruptions. Foot-baths, and hip or sitz-baths, act as derivantia, and frequently afford relief. And what a relief is sometimes obtained by dry cupping at the pit of the stomach, in oppression of the chest, anxiety, restlessness, such as sometimes precedes an impending cutaneous eruption. The propriety of wrapping up single parts in cotton wadding, wool or flannel, is likewise universally acknowledged.

There are likewise a few internal palliatives which may be used in homœopathic treatment, together with the specific remedies. Such are a decoction of slippery elm, sweetened with sugar or liquorice, oatmeal or barley-gruel, flax-seed tea, or an infusion of linden-blossoms; the yolk of an egg mixed with finely pulverised rock-candy, or with a tea-spoonful of almond-oil and slippery elm; raspberry-syrup; or a solution of gum-arabic sweetened with sugar or some kind of syrup; various kinds of fruit to open the bowels, or whortle-berry syrup to bind them.



SPECIAL TREATMENT  
OF THE  
DISEASES OF CHILDREN.

---

PART I.

ON THE  
DISEASES OF INFANTS, FROM THE PERIOD OF THEIR  
BIRTH, TO THE COMMENCEMENT OF DENTITION.

.



SPECIAL TREATMENT  
OF THE  
DISEASES OF CHILDREN.

PART I.

THE DISEASES OF INFANTS FROM THE PERIOD OF  
THEIR BIRTH, TO THE COMMENCEMENT OF DEN-  
TITION.

ALTHOUGH the entrance of man into life is a strictly physiological process, yet it is such a violent act, that the smallness of the number of those who are injured by it, must excite our wonderment. If we consider that in the place of the foetal life, the child is ushered into an independent existence, that it is exposed to unwonted influences, that it is called upon to acquire a self-existing organism, with a digestive, assimilative and circulatory apparatus of its own, that all its vital functions undergo a radical change; if we dwell attentively upon all these great facts, we must wonder that a mother, even if perfectly healthy, should accomplish the act of parturition easily and safely, without the intervention of any foreign agent. Nevertheless, morbid conditions will sometimes occur which may require the interference of art. They are the following.

## CHAPTER I.

### ASPHYXIA NEONATORUM (APPARENT DEATH OF NEW BORN INFANTS.)

Infants are sometimes born without any, or at least with but few signs of vitality, and they would be pronounced still-born, but for the absence of all symptoms of decomposition. This condition of apparent death may be occasioned by various causes, such as stoppage of the circulation in the vessels of the neck, pressure on the umbilical cord, constriction of the neck by the folds of the umbilical cord; too sudden expulsion; retarded delivery of the head, protracted labor, artificial delivery, injury of the spinal marrow by pulling the feet, accumulation of mucus in the mouth, fauces, windpipe, &c.

There are three kinds of asphyxia, which require to be distinguished from each other.

*a. Asphyxia from deficient vitality (asphyxia pallida, synoptica, anæmica).* There is no sign of life, the whole body is relaxed, pale, without the least tonicity; the head, lower-jaw, and the extremities are cold; they are hanging down motionless and without offering the least resistance, hence the anus is open, the meconium is discharged involuntarily; the pulse and the beats of the heart are entirely wanting. Such cases generally happen when the parents have debilitated, impoverished constitutions, or in cases of miscarriage, or when the mother had lost a good deal of blood during her pregnancy, or during the act of parturition.

*b. From sanguineous engorgement of the heart and brain, (asphyxia apoplectica, hyperæmica, livida).* This form of asphyxia is characterised by a red, bloated face, with a blueish ring around the mouth and nose, warm and red body, or with a few blue spots here and there;



congestion of the blood vessels, at times with distinctly perceptible pulsations which soon cease, however, the infants are generally large, heavy; fully developed, and of a plethoric habit. This condition is a consequence of hard labor with long confinement within the pelvic cavity, constriction of the neck by the umbilical cord, or premature application of the ligature to this organ.

*c. From suffocation, (asphyxia suffocatoria.)* It is caused by the presence of phlegm, which acts as a mechanical obstacle to the process of respiration. The child looks like a person on the point of suffocation; its face is bloated, blue-red; its eyes protrude; the lips are blue; there is a bloody froth at the mouth or nose; it attempts to cry, but is unable; there is hoarseness, rattling. Such children are generally large and fat.

Each of these forms of asphyxia is attended with danger, which increases in proportion to the length of time that the child had been exposed to this condition.

#### TREATMENT.

The principal remedies in every form of asphyxia are baths, especially the so-called *balneum animale*, or animal bath, which consists in placing the child as closely as possible to the mother, to the mother's breasts, and warming it by this means, at the same time, as by a sufficient amount of covering. There are cases, however, where quite different means have first to be applied before the animal bath can be brought into requisition.

The first thing is to place the child in a bath of tepid water, and while in the bath to employ the following means of reviving the child, which may be used even before it is put into the bath.

After the child is born, it should not be at once separated from the mother's body; the first thing to be done is, to remove by means of one's little finger, the mucus that may be found in the child's mouth; this being

accomplished, the child's body, and especially the chest, are to be rubbed with warm flannel, except the soles of the feet and the palms of the hands, which are to be rubbed with a brush that is not too coarse; for the purpose of restoring the natural respiration, we blow air into the child's lungs, and cautiously dilate and compress the chest with our hands, in imitation of the motions which this part undergoes during the act of breathing. It may likewise be useful to drop cold water, wine, or the acetate of naphtha, on the pit of the stomach and chest, and even to rub these liquids gently on the parts. If all these proceedings should be without effect, it will then be necessary to tie and cut the cord and to put the child into a tepid bath, where all the previous attempts at animation have to be continued.

Only in extreme cases, and when the *apoplectic character of asphyxia* cannot be mistaken, it may be allowable to let a tablespoonful or so of blood escape from the umbilical cord before applying a ligature to this organ, provided, however, that the vital energy of the little being should not be sufficiently strong to equalise the circulation in the different parts of the organism.

In *asphyxia anæmica*, all the same means of reanimation may be resorted to, except the blood-letting. But in such cases, all efforts generally prove fruitless, for what is supposed to be apparent death, is generally a real extinction of the functions. However, in order not to leave any thing undone, an injection of tepid milk or water may be administered to the child, and a vial containing a few globules of dynamised cinchona may be held under its nose.

These various attempts at animation should not be employed with ill-judged haste, but one by one, discreetly, and perseveringly. As soon as we perceive signs of life, we may relax our efforts, and leave the roused vital energy to complete the process of restoration. All interference on our part may cease as soon as the inspira-

tions take place with regularity. Signs of returning life are: slight twitchings and tremulous motions around the mouth, contractions of the pectoral muscles, which at first may be so slight that they are noticed only by the experienced eye of a scientific observer, returning warmth and redness of the lips, motion of the froth at the mouth, and lastly, audible respiration. To prevent a possible sinking of the restored vital energies, we have to resort to internal remedies, a single globule of a high attenuation of the proper specific remedy being sufficient, which is *Aconite* in asphyxia apoplectica; *Cinchona* in asphyxia anæmica, and *Ipecacuanha* for the asphyxia suffocatoria.

## CHAPTER II.

### CAPUT SUCCEDANEUM.

#### *Swelling of the Head of new-born Infants.*

This kind of swelling is caused by the pressure which the head, or any other part of the child's body undergoes in consequence of a protracted confinement in the pelvic cavity. Such swellings are generally discovered on the presenting parts, head, face, breech, extremities. The swelling is mostly œdematous, and it is only when the pressure is long continued and excessive, that the swollen parts become ecchymosed, in which case the swelling partakes of the nature of a bloody tumor, which will be treated of in the next chapter.

These swellings are neither dangerous, nor do they require any treatment. They disappear of themselves in a few days, especially on the head, where the internal action of the brain helps to restore the normal shape of the parts. If the physician should nevertheless feel as though he must do something, he may apply a little additional covering to the part. Sometimes the head looks elongated, pointed or crooked, in consequence of such a swelling, or likewise in consequence of the skull bones

overlapping each other during parturition. In former times the barbarous practice prevailed of employing mechanical pressure, for the purpose of restoring the natural shape of the head, a proceeding which might give rise to nervous paroxysms, and even death. If the swelling should remain too long, we may apply a compress, moistened with a solution of from two to three drops of the tincture of *Arnica* in two ounces of water. In such cases, however, the physician should ascertain with great care, whether the swelling is not something more than a simple œdema, and whether it is not rather a bloody tumor.

### CHAPTER III.

#### CEPHALÆMATOMA, ECCHYMOA CAPITIS. TUMOR CAPITIS SANGUINEUS.

##### *Bloody Tumor.*

Formerly such a tumor was supposed to be the consequence of complicated labor. But inasmuch as such tumors occur likewise after an easy labor, and sometimes not till hours and even days have elapsed; it has been ascertained by careful observers, that these tumors originate in some extravasation, which, if continuing for a time, coagulates, and may occasion inflammation, suppuration, or even caries of the subjacent skull bones. Such tumors occur most frequently on the parietal bones, but they may occur on most other parts of the head. It is a circumscribed, soft, tumor, apparently painless, from the size of a bean to that of a goose-egg, without color and without elevation of temperature; it is not diminished by pressure, nor does it disappear under pressure, nor does pressure seem to cause any pain or signs of sopor, though it cannot be denied that an excessive size of the tumor and consequent pressure on the brain, does cause some slight symptoms of sopor.

*Meissner* adopts three kinds of bloody tumor ; the *subaponeurotic*, resulting from violent pressure during labor, or from some mechanical cause after labor, or more generally a termination of the common œdematous swelling of the head ; the *sub-pericranial*, when the bloody extravasation takes place under the pericranium ; this is the most common variety, and differs from the former in this, that it is more definitely circumscribed, and more distinctly fluctuating, whereas in the former variety there is some œdema which has first to disappear before the fluctuating and circumscribed character of the tumor can be distinctly perceived. In carrying the finger round the base of the tumor, we feel an elevated, rather hard ring encircling the swelling *Michaelis*, who is said to have noticed the existence of this ring first, considers it as a characteristic symptom. In the third variety, the *cephalæmatoma meningeum*, the extravasation is seated between the bones of the skull and the dura mater. This last variety acts similarly to common injuries of the head.

Bloody tumors may be met more frequently by some than by other physicians, but as a general rule they are very rare. They become dangerous only when not properly diagnosed or treated, in which case, they may terminate in any of the above-mentioned disorganizations ; though the constitution of the child and complication with other ailments may likewise determine a more or less favorable or unfavorable prognosis. Authors do not yet seem to be able to agree on the causes of such tumors.

I think that pressure, either from without or within, may be looked upon as their most common cause. Sanguineous engorgements are not very uncommon either in new-born children, (witness the asphyxia apoplectica) or in after-life where ecchymoses frequently set in without any apparent cause. When we consider the extreme delicacy of the vessels which permeate the skull, and on

the other hand the unyielding nature of this osseous structure, how easily it would seem that such a fine vessel might be ruptured by a little cough, or by the sneezing or crying of the child, or by the least external pressure, and that a gradual oozing from the ruptured vessel might lead to the accumulation of a considerable quantity of bloody coagulum.

#### TREATMENT.

The homœopathic treatment of such tumors is very simple and yet at the same time, highly satisfactory. If the nature of the tumor be recognized in time, absorption is easily accomplished by fomentations of a solution of a few drops of the *tincture of arnica*, and several ounces of soft tepid water. At the same time a few globules of a high attenuation of *arnica* may be given internally. Generally an improvement sets in in 36 hours. If, however, this should not be the case, or if the tumor should have increased, a few globules of *Rhus-t.* 30, may be given internally, and externally we may apply a dry warm bran-poultice. The remedy which affects an improvement, is to be continued at increasing intervals until the tumor has completely disappeared.

In my treatise on the treatment of chronic diseases, see page 221, I have spoken in favor of opening the tumor. At present, I am more and more inclined to abandon this opinion. The many proofs accumulating in my hands of the curative efforts of nature, lead me to believe, that a surgical operation can be dispensed with. At any rate we may safely watch the effects of a purely dynamic treatment for a week or so, and if we should then find that the child is losing strength, we may resort to the operation as a last means to save the child's life. But the delicate organism of the child should not be invaded in such a bloody manner, and its life endangered thereby, without absolute necessity. If it should be deemed advisable to open the tumor, a free incision should



be made with the lancet through the middle of the tumor, and the tumor should be gently rubbed with the finger from the circumference towards the incision, until it seems to be completely emptied of its contents. After this a little lint may be introduced in the wound to prevent its closing prematurely, and may be renewed until the discharge from the wound ceases. The lips of the wound may be kept together by means of a strip of adhesive plaster, and it may be covered with a little linen until the healing is accomplished.

If the operation should have been delayed until ichor had formed in the tumor or the bone had become carious, an entirely different mode of treatment will have to be adopted. If there should be prostration, loss of appetite, undigested diarrhœic stool followed by great weakness, especially at night, dry mouth and thirst, a small dose of *China*, (*Cinchona*), is frequently sufficient to produce a marked improvement, so that a second dose of *China* will either complete the cure, or leave only a trifling local affection, which easily yields to a minute dose of *Silicea*. In very few cases *Acidum-phosphoricum* or *Mercurius-solubilis* might be preferable to *Silicea*, especially if *China* be insufficient to remove the prostration, or if colliquative sweats or diarrhœa should complicate the condition of the little patient.

This is all that I have to say about the treatment of the first two varieties of bloody tumor; the third variety, *cephalæmatoma meningeum*, is treated in the same manner as all other injuries of the head. It is doubtful whether any treatment will do much good in this variety.



## CHAPTER IV.

## ATRESIA ANI, ANUS IMPERFORATUS (CLOSING OF THE ANUS.)

A work of this kind, which is specially designed to describe the homœopathic treatment of the diseases of children, might satisfy the practitioners of our School, even without describing every local affection or malformation. But for the sake of completeness, and in order to satisfy all those who, though differing in their views about the treatment of disease, yet take a lively interest in the condition of children, I shall briefly mention even congenital deformities, or incurable organic diseases, devoting more extensive developments to affections of a purely dynamic nature.

An imperforate anus is not by any means rare. There are several varieties of imperforate anus. The orifice of the anus is either simply closed by a membrane; or the rectum is closed by a similar membrane one or two inches from the orifice; or the sides of the rectum are grown together; or the rectum terminates in a cul-de-sac, or is entirely wanting; or the rectum opens into the urinary bladder, urethra or vagina.

Such a malformation may be suspected when the following symptoms are present: restlessness, urging to stool, followed by constant screaming or moaning; the abdomen is distended, hard, hot, tympanitic, vomiting sets in, the breathing becomes anxious, the extremities cold, and death generally ensues with convulsions.

The simple closing of the anus by a membrane is the least dangerous, and most of the children affected with it are preserved. The spot where the membrane should be punctured, is distinctly seen; the membrane is driven outward by the meconium, and a tumor forms which is

sometimes rather dark or red. If it is the rectum that is closed, the operation is more unsafe; but it becomes positively dangerous when the adhesion is so high up that it cannot be traced by the finger. As regards the other varieties of this malformation, they may be operated for without hesitation, for the little sufferer will die either with or without an operation. Only in case the rectum should open into the vagina, an operation might perhaps partially succeed. But whether it would be desirable to preserve such a mutilated existence, I do not venture to decide.

There are other forms of adhesions or closing, which can likewise be removed only by a surgical operation. Such are the *ankyloblepharon* (*adhesion of the eyelids*), a rare difformity; *imperforate ears*, where either the external meatus is closed by a membrane, (this is seen from the first), or where the membrane or the adhesion is more deep-seated, in which case the defect can only be discovered after the child begins to speak. The *nares* and *lips*, and the *walls of the urethra* may likewise adhere, all which adhesions have to be removed by the scalpel. Adhesions of the *vagina*, without involving the urethra, are seldom discovered before the period of pubescence.

---

## CHAPTER V.

### ANKYLOGLOSSUM, ADHESIO LINGUÆ, (TONGUE-TIED.)

This defect is frequent, but not near so frequent as nurses imagine. It is revealed by the tip of the tongue being drawn down towards the lower jaw, with inability of being raised. The child refuses to take hold of the nipple, or if it does, the nipple slips out of its mouth again immediately, because the child is unable to

press the nipple against the palate. The child is moreover unable to swallow drink.

This complaint is easily removed by means of an operation. For this purpose we use a pair of roundly terminated sharp scissors, press the tongue upwards by means of the index and middle finger of the left hand, and with the right hand cut the frænum as far as it is transparent. There is scarcely any hæmorrhage except when we cut too far or nick a blood vessel of some importance. But even such hæmorrhages can be arrested by applying very small pieces of sponge, a solution of alum, gun-cotton, or some other styptic.

Sometimes the sides of the tongue adhere to the gums by means of fleshy fibres or membranes. They sometimes co-exist with adhesion of the frænum, and their presence may be inferred when, after cutting the frænum, the tongue still remains immoveable, and the child is unable to nurse or swallow. They may be seen by closing the child's nose with the finger, and compelling it to open its mouth wide. This kind of adhesion is likewise removed by means of a pair of scissors.

When the frænum is too long or too relaxed, or too narrow, the tongue becomes excessively moveable. In such cases the child's natural desire to nurse, even when not at the breast, frequently causes a retroversion of the tongue, which might induce suffocation. When this happens the tongue is turned back again by placing the little finger under it and raising it by this means. This defect cannot be remedied by artificial means; it will disappear in the progress of time, and all that can be done in such a case, is to let the child nurse as little as is consistent with its healthy growth.

## CHAPTER VI.

## RANULA.

This swelling occurs very seldom in new-born infants. It is of various sizes, shapes and qualities, and is seated under the tongue on one side of the frænum; it is of a whitish, seldom of a reddish color, transparent, pushing the tongue upwards against the bony palate and preventing the child from nursing. Recent investigations have shown, that these swellings are not lymphatic, but that they are a disease of the sublingual bursæ mucosæ, which are provided with separate cysts, and probably constitute a species of hydatids. They either contain a limpid or else a thick, albuminous fluid, or hard, sandy, even stony concretions containing a clayey substance, stearic acid, ammoniac, osmazom, fibrin, phosphate of lime, animal mucus, &c. Whether it is to an inflammation of the bursæ mucosæ that ranula owes its origin, I am unable from want of experience to decide; but it is my opinion that a scrofulous diathesis is the primary cause of this disease, and that it is perhaps complicated with a syphilitic taint. This, however, is a speculative notion, which I derive from the fact that the principal remedies for these diseases are likewise the principal remedies for ranula.

## TREATMENT.

In some cases it may be necessary to puncture the tumor and letting out part of the contents, especially when the tumor grows too fast. A chemical and microscopical analysis of the contents may perhaps lead us to the discovery of some appropriate remedy. *Calcareo-carbonica*, *Mercurius* and *Thuja* have been employed with success in the treatment of this morbid growth. *Calcareo* is not precisely indicated by the symptoms; for

among the symptoms of *Calcarea* there is not one that points to ranula; not even the tongue-symptoms justify the selection of this drug. But we know that *Calcarea* has cured swellings resembling ranula, such as hygroma, cysts, and that its anti-scrofulous, and anti-syphilitico-scrofulous virtues are very great. The simplest process of inductive reasoning leads us to suspect that *Calcarea* might therefore be useful in ranula. We can surely not expect that the provers of our drugs will continue a proving until an actual disorganization shall have made its appearance. This would be unnecessary. All we require to know, is a correct general indication of the action of a drug, from which its action in organic diseases may be inferred.

As regards the *Mercurius-solubilis*, it is my impression that it will not cure true ranula, unless my belief that the ranula is a more or less syphilitic growth should be correct. The tongue-symptoms of *Mercurius* indicate a morbid condition of the substance of the tongue, of the sublingual and mucous glands, but without concretions; the ranula which is said to have been cured with *Mercurius*, was probably not a genuine ranula; it was not transparent, but fleshy, of a reddish color; it may however, have had all the secondary symptoms which belong to the true ranula. If *Mercurius* be the remedy, there will always be an increased secretion of saliva, arising from a swelling and disorganization of the Whartonian duct.

The ranula which had been cured with *Thuja*, is said to have been transparent, of a blue-red and gray color, and of the consistence of jelly. If I recollect right there was a syphilitic, condylomatous taint, and at certain times of the day, and during rest and in the warmth, painful prickings were experienced in the swelling. In no other way can the use of *Thuja* in ranula and such like affections be accounted for. This shows that a mere routine knowledge of our drugs is not sufficient to

become a successful practitioner, and that a few brilliant cures by means of one of our polychrests, such as *Nux Vomica*, are undeserving of any particular praise.

*Jahr* recommends *Ambra* as a remedy for ranula. It seems to me that *Natrum-muriaticum* deserves a preference over *Ambra*, especially in relapses, and when, after the puncture and emptying of the tumor the above-mentioned remedies are not sufficient to effect a cure. *Sulphur* is likewise to be recommended, especially when it suits the general disposition of the patient and the particular cause of the disease.

---

## CHAPTER VII.

### LABINUM LEPORINUM.—(HARE LIP.)

THIS is a fissure of the upper lip, either on one or both sides. The edges of such a fissure are rather thick, round, and covered with the same delicate epidermis as the whole lip. The best period for the operation is after the tenth week; if performed previous to this age, the loss of blood might endanger the child's life. Sometimes the fissure extends through the upper jaw and bony palate, constituting a frightful and frequently fatal malformation. Nursing is very much impeded or even impossible, deglutition is difficult, the face is disfigured, the speech indistinct, &c.

There are other organic defects, such as moles, spots, warts, supernumerary or deficient toes or fingers, &c. Some of these defects may be remedied by an operation, others will have to remain for ever. As regards the nature and treatment of moles, I refer the reader to the next chapter.



## CHAPTER VIII.

## NÆVI, (MOLES.)

Frequent attempts have been made to remove them with the knife, or by ulceration. As a last resort, an operation may be performed, but I would advise all homœopathic physicians first to try the internal treatment. In such cases there is no danger in delaying an operation, which might, moreover, be too violent a shock on the nervous system of the infant.

*a. Nævus vasculosus, telangiectasia, (Aneurism by Anastomosis.)*

This vascular malformation of the cellular tissue is frequently seen in the face of new-born infants, and consists in a congenital enlargement of the capillary vessels. It is red, or blue-red, soft, elastic, of different sizes and shapes. If it is the arterial capillaries that are thus affected (as is generally the case in congenital nævi), the malformation constitutes a bright-red, flat swelling, with granular elevations, having the shape of a strawberry; if the venous capillaries, the swelling is larger, globular, uneven or lapped, of a blue, violet, or cherry-brown color, and of a doughy consistence. This latter variety occurs more frequently than the former in after-life. Such malformations are not dangerous, but they disfigure a person the more the longer they continue, and are on this account particularly disagreeable to females.

There are no specific remedies for moles; the treatment is more or less empirical or speculative, or must depend upon indications which we may possibly gather from peculiarities connected with the mother's constitution or temperament, previous cutaneous eruptions, and the like. If the arterial capillaries be involved, we may



try *Sulphur*, *Belladonna*, *Lycopodium*; if the venous, the principal remedies are *Sulphur*, *Phosphorus*, *Nux-vom.*, *Pulsatilla*, *Carbo-vegetabilis*, (the last named remedy is especially indicated for bright red, round, flat, elevated aneurisms by anastomosis, bleeding profusely from the least injury.) If otherwise responding to the symptoms and the whole nature of the case, *Hepar-sulphuris*, *Silicea*, *Petroleum*, *Calcareo-carbonica*, *Acidum-sulphuricum*, or some other antipsoric might help to effect a cure.

There seems to be some resemblance between the nævus vasculosus and acne rosacea, and it may therefore be advisable to try, if otherwise proper, such remedies as *Rhus-t.*, *Kreasot*, *Carbo-animalis*, *Arsenic*, *Ruta*, *Ledum*, *Aurum-muriaticum*, *Sepia*, &c.

*b. Nævus lipomatodes, (Encysted Tumors, Lupia.)*

Encysted tumors are enlarged glandular follicles, the excretory ducts of which are stopped. They are of various sizes, shapes and colors, round, oblong, flat or lapped; they contain fat, albumen, serum, cells, &c., or a fibrinous, sarcomatous, vascular substance, &c. Such tumors are not dangerous, but they may disfigure a person very much, especially when allowed to grow to a large size. When of a grayish color, they increase with a person's age and are often covered with bristly hairs.

In regard to these tumors, it is likewise advisable to try the internal treatment, which consists in giving alternately a high potency of *Sulphur* and *Calcareo* at intervals of several weeks, and putting the patient on strict diet. If these two remedies should remain ineffectual, we may try *Hepar-sulph.*, *Baryta-carb.*, *Silicea*, *Graphites* or *Phosphorus*.\*

---

\* If the tumor should continue to grow, causing unpleasant secondary ailments, such as numbness, heaviness, nervous pains of various kinds, and other symptoms denoting a disturbed or embarrassed action of the nerves, pressed upon or otherwise affected by the tumor, it is best to remove it by making a bold cross incision, when the contents will either be discharged spontaneously or can be easily pulled out.—HEMPEL.

*c. Nævus Verrucosus (Wens, Warts.)*

Everybody is acquainted with this species of malformation. They are large or small, hard or pedunculated, and have the shape of various kinds of fruit, mulberry, strawberry, blackberry, &c.

*Sulphur, Calcareæ, Rhus, Dulcamara, Lycopodium*, are the principal remedies for the common wart. The pedunculated, berry-shaped warts require *Nitri-acidum, Thuja, Sepia*; horny warts seem to yield best to *Antimonium-crudum*. When the parents had had the itch, I have seen good effects from a few globules of *Psoricum* 30, allowing it to act several weeks.

Children affected with moles, should be vaccinated as soon as convenient, not after the fourth month; for it is well known that vaccination will sometimes cause them to disappear.

---

## CHAPTER IX.

### SPINA BIFIDA, HYDRORRHACHITIS CONGENITALIS S. HYDRORRHACHIS DEHISCENS, HIANIS, (CON- GENITAL DROPSY OF THE SPINAL MAR- ROW.)

This malformation is not very rare and is generally incurable. It is a fissure in the spinal column, with deficient formation of the vertebræ, such as absence of the transverse or articular processes, &c. Where the fissure is located, a tumor corresponding in size to the fissure is visible from the size of a walnut to that of a goose-egg, generally with a broad base, but sometimes pedunculated. It is seldom that the whole column is affected. It is found in the region of the lumbar, dorsal or sacral, and very rarely of the cervical vertebræ. The spinous processes may exist, but are not united, so that the well developed arcades are separated only a few lines.

The tumor is filled with a clear, and sometimes turbid or reddish fluid, amounting from a few ounces to several pounds, and sometimes has a sacculated shape, or as if composed of parts overlapping each other. The spinal marrow is sometimes unaltered, but generally flattened, relaxed and soft like thin mucus, or it is so completely dissolved that no trace of it is visible. If several tumors should be present, one increases as the other is diminished by pressure. Spina bifida is frequently attended with hydrocephalus or other organic diseases, such as club-foot, club-hands, umbilical hernia, malformation of the urinary or sexual organs, &c. If the vertebral column of new-born infants should contain water, without any swelling being visible, or without any deficient formation of the vertebræ, we term the disease *hydrorrhachis incolumis*.

The following symptoms are likewise noteworthy. On each side of the swelling we discover two hard elevations formed by the edges of the vertebræ. The tumor is sometimes transparent, but generally opaque. It increases when the child cries or draws its breath. The lower limbs, the bladder and intestinal canal are frequently paralyzed; the former, the extremities, are cold and atrophied, and sometimes exhibit ulcers in various places; paralysis, however, is not always present. When pressing upon the tumor, convulsions or comatose symptoms set in. When lying on their backs, the children are restless and cry a good deal. As the tumor increases in size, the integuments become thinner, blue, reddish and gangrenous. Children afflicted with this disease are feeble, emaciated, and look wretched; they are frequently unable to nurse; the breathing becomes gasping and rattling; lastly convulsions set in.

Among the causes we may enumerate such as generally have a tendency to derange the circulation, such as fright, emotions, injuries of the mother during pregnancy, but most generally it is the scrofulous or rickety diathesis

of the mother. This disease speedily terminates in death, especially when the fissure is very small and located at the lower extremity of the spinal column, in which case life may last weeks, months, and even years. Sometimes there is an oozing, by which means the tumor becomes less. If the tumor should break in the womb, the child may still be born alive; but if it breaks during the act of parturition, the child is either still-born or will die soon after birth. If the tumor should break or be opened after birth, death generally ensues; in but very few cases, children recover their health. The larger and the higher up the swelling, the more doubtful is the prognosis; if paralysis of the extremities and pelvic organs, or complication with hydrocephalus be present, death is inevitable.

*Treatment.*—It is a sad business for a philanthropic physician to be obliged to confess to himself the insufficiency of his resources in any particular case. But in a case of spina bifida it may truly be said that art can do nothing. In the few cases where this disease is recorded in the books as having been cured, the tumor was probably a mere external swelling, which had no connection with the spinal marrow whatsoever. The best that can probably be done for the little sufferer, is to apply a compress of soft lint, and to guard the tumor from external injury. Such methods of cure, as cauterisation, ligatures, setons, puncture, scarifications, or excision of the tumors are utterly condemnable.

It is doubtful whether the resources of our art in this disease, are at all superior to those of allœopathy. We may try such remedies as we give for hydrocephalus, scrofulosis, tuberculosis, osteomalacia, syphilis, scabies, &c., and more particularly *Sulphur*, *Calcarea-carbonica* and *Psorin*, always in high attenuations, but there is nothing in the action of any remedy that we might employ to warrant the least hope of recovery.

## CHAPTER X.

## HERNIÆ, (RUPTURES.)

This defect is either congenital or accidental. Abdominal hernia is the kind which occurs most frequently. We have moreover *encephalocele* (rupture of the brain;) *omphalocele* (umbilical hernia);) *hernia inguinalis*, *hernia scrotalis*, and *hernia cruralis*.

*a. Encephalocele.*

This kind of hernia is sometimes caused by an imperfect formation of the skull; but it may likewise be caused by hydrocephalus or a deficient development of the brain, in consequence of which the normal growth of the skull may be impeded. Either the skull may be entirely wanting, or else the brain may protrude through an opening in the skull of more or less size, generally at the occiput and through the fontanelles.

An extensive malformation of this kind is incurable. If trifling, a cure may perhaps be effected by gentle compression, without, however, affecting the brain in the least.

*b. Umbilical hernia.*

This kind of hernia may either be congenital, or it may have been caused after birth by pulling on the umbilical cord. The congenital variety is much larger in size, and arises from a deficient development of the abdominal integuments and muscles. It is covered by a very thin skin, contains a portion of the bowels, and is mostly incurable. In the second variety the abdominal integuments and muscles are regularly formed; it is much smaller than the former variety, has a true hernial sac which is wanting in the congenital variety, and in some cases a small portion of the omentum or bowels

passes through the umbilical ring, which in new-born infants is still open.

The congenital variety is a malformation; the accidental umbilical hernia is caused by pulling the umbilical cord during the act of parturition, by ulceration and suppuration of the umbilicus after inflammation, or by the violent crying of infants; it may likewise be caused by flatulence or violent pressing during an evacuation of the bowels.

After the hernia has been reduced, and a suitable bandage with a delicate pad has been applied to keep the parts in place and prevent another protrusion, nature will complete the cure. For the treatment, the reader is referred to the end of this chapter.

### *c. Inguinal and Scrotal Hernia.*

This variety is likewise either congenital or accidental. In the congenital variety, a portion of bowel descends with the testicles through the abdominal ring. This must take place sooner or later, if the upper orifice of the inguinal canal should remain open. The difference between the congenital and accidental variety is this, that, in congenital hernia, the protruded bowel and the testes are enclosed in the same sac, whereas in the accidental variety, the testicles are not contained in the hernial sac. The existence of this kind of hernia is inferred from the following symptoms: The inguinal region swells when the children cry, cough, press on the rectum, or are troubled by flatulence; when the testicle had prematurely descended into the scrotum; when the color of the swelling is the same as that of the rest of the skin, and when the reduction of the tumor by pressure is accompanied by a rumbling or gurgling noise.

### TREATMENT.

Omitting a description of the surgical treatment which is fully explained in works on surgery, I shall content



myself with furnishing a few indispensable particulars of the homœopathic treatment of hernia.

In treating hernia, whether congenital or accidental, we should not omit to inquire into the predisposing cause. If the coughing or crying of children were alone sufficient to induce hernia, it would exist much more frequently than it does. But for the same reason that hernia frequently occurs in after-life without any apparent cause, it may take place in children, every part of whose organism, including the muscles and their constituents, is still feeble and lacks firmness. This weakness is sometimes increased by hereditary debility, and we know that a hereditary morbid disposition can be eradicated by treatment. This observation likewise applies to hernia.

A real specific, not only for hernia but also for the chronic diathesis which leads to the formation of hernia, is *Acidum-sulphuricum*, the 15th, 24th or 30th attenuation. I have opposed Hahnemann's psora-theory with a good deal of firmness, and do oppose it yet in all cases which I am able to account for upon different principles with more satisfaction to myself; but in the case of hernia I frankly confess that the psora-doctrine seems to account better than any other view, for the primary disposition for such a weakness.

When such a disposition exists, crying, coughing, flatulence, continual diarrhœic stools, may easily cause a rupture. Under such circumstances *Nux-vom.*, *Aurum*, *Antimonium-crudum*, *Sulphur*, *Lycopodium*, always in very high attenuations, are the remedies that will meet both the local disease and the constitutional psora. The accompanying symptoms have to decide the choice of the remedy, which, on account of the vagueness of the symptoms, is sometimes rather difficult even for the most experienced practitioner. In such cases the temperament of the mother may assist us in deciding in favor of one or the other remedy; but, if this indication should like-



wise be wanting, we then have to make up our minds to give two remedies in alternation, a dose every 24 hours. The cure will not fail unless some strange untoward circumstance should prevent it.

---

## CHAPTER XI.

### DESCENSION OF THE TESTICLES AFTER BIRTH.

The testicles generally descend into the scrotum in the two last months of foetal life. In some cases, however, the descension takes place, sooner or later, after birth, sometimes even at the age of maturity, and there are cases where the testicles remain in the abdomen altogether without the sexual faculty being impaired thereby; we term this latter condition *cryptorchides* or *testi-condi*.

The descent of the testicles after birth is generally accomplished without any trouble; but there are cases which simulate inguinal hernia, and might be mistaken for it, if we did not subject the condition of the scrotum to a careful examination. If the testicle, on the side where the swelling in the inguinal region is located, should be wanting, it is fair to suppose that this swelling is caused by the passage of the testicle through the inguinal ring. If there should be no unpleasant symptoms, it is best to let nature alone. But if unnecessary manipulations of the swelling, in consequence of its being mistaken for inguinal hernia, should have induced inflammatory symptoms, they will disappear under the action of a small dose of *Aconite*, which may, if necessary, be followed by a small dose of *Arnica*.

## CHAPTER XII.

## URINARY DIFFICULTIES OF CHILDREN.

Affections of this kind are easily recognized in full-grown persons, but much less easily in little children who are unable to describe their condition and where we have to depend exclusively upon an inspection of the objective phenomena. The bladder is very much distended, to judge from the distention of the lower abdomen, where the bladder may be felt on one side, above the pubic bones, as an elastic ball with dull fluctuation, and sharply distinguished from the bowels at its upper portion. An instrumental examination is scarcely ever advisable. The existence of the trouble has to be inferred from the accompanying perceptible symptoms. Nor does the urine shed any light on the nature and extent of the difficulty, unless we should be able to derive some information from the slight stain of the urine on the diaper.

*a. Ischuria vesicalis, retentio urinæ, (Retention or Suppression of Urine).*

Ischuria is generally a mere symptom belonging to a more extensive disorder, and should be treated accordingly. New-born infants generally discharge the contents of the rectum and bladder shortly after birth; in some cases, however, the urine is retained for a longer period, and the above mentioned symptoms set in. This retention of urine is sometimes accompanied by fever, sleeplessness, piteous moaning and crying, especially when pressure is made on the region of the bladder; the child draws up its legs, twists its little body, convulsions and other dangerous symptoms set in.

## TREATMENT.

This affection is easily cured, whether it proceed from spasms or inflammation. At the commencement of the

disorder a bath or injection of tepid milk is sometimes sufficient to remove the difficulty. If milk should not be handy, water may be substituted, taking care to mix a little bran in the water that is to be used for the bath. While the child is in the bath, the region of the bladder is to be rubbed with the hand in a circular manner. If no urine should be voided after the lapse of fifteen minutes, an injection may then be administered, which will generally procure relief. In older children this simple treatment is sometimes insufficient and medicinal agents have to be resorted to. Previously, however, the mother or some other person whom the child is very fond of (on account of the magnetism which emanates from such persons, and pervading the organism of the child, favors the action of the means which are employed by them in its behalf) may rub a little warm linseed-oil on the region of the bladder, after which the parts may be covered with warm flannel. Or a flaxseed poultice may be applied to the region of the bladder.

If the child should be very restless, if its motions should denote anxiety, if the body should be very warm, and the dry lips and the thirst should denote internal heat; if the face should be bloated and red, a small dose of *Aconite* should at once be given in order to prevent the development of an impending inflammation which might be attended with dangerous spasmodic symptoms. In two hours all the danger is generally over, and no other remedy is required. If convulsions, spasms, coldness of the extremities should already have set in, it is undoubtedly proper to give the *Aconite*, but it should be followed in half an hour by a minute dose of *Ipecacuanha*, unless a marked improvement should set in shortly after the exhibition of the *Aconite*, in which case it may be allowed to act longer than half an hour, until its action seems to be exhausted. We may then either repeat the *Aconite*, or, if spasmodic symptoms should develop themselves, exhibit a dose of *Ipecacuanha*.

It is my custom to avail myself of domestic remedies whenever I can do so safely and profitably. In this affection I have frequently used an infusion of the common parsley (*apium petroselinum*) which is used as a domestic remedy for this trouble in some parts of Germany. My indication was a frequent pressing on the part of the child while it cried, as if it would press out something, after which a few drops of urine were discharged with violent cries, and such a violent twisting of the legs that the skin would almost be rubbed off the ankles ; for such a condition the parsley acted as a specific.

The same observation applies to the *rosa canina* (wild-briar, dog's-rose) likewise as an infusion, in teaspoonful doses ; I have generally found this remedy to afford much relief.

If the retention should be of a spasmodic nature and be caused by the children taking cold in consequence of being left with a wet diaper on too long, other remedies will have to be given instead of the former. I can only furnish general indications for the selection of these remedies, and must leave the carefully individualising physician to decide whether one or the other remedy is to be used. One of the principal remedies in this affection is *Pulsatilla*, one globule of the 30th attenuation. It seems to be generally suitable to the infantile organism, and in this case, responds more particularly to the exciting cause and to the following conditions : gentle character, very pale skin, a feeling of coldness which is characteristic in this disorder, low moaning or piteous crying, expression of anxiety in the features of the child, short and oppressed breathing ; the heat or even the redness in the region of the bladder, denoting inflammation, does not counter-indicate this drug ; on the contrary, such symptoms belong to the primary action of *Pulsatilla* on the organism, and are therefore additional indications in the present disorder. A good many drugs are capable of removing inflammatory conditions, although they are not, properly

speaking, antiphlogistics. If we would classify drugs in this manner, the sphere of action of many of our most valuable remedies would be unnecessarily curtailed, and their usefulness in many cases sacrificed to a foolish prejudice. But the pathogenesis of *Pulsatilla* does contain true inflammatory conditions, especially those of a catarrhal and rheumatic character, and shows a distinct correspondence to inflammatory affections of the mucous and synovial membranes, tendinous and muscular sheaths, &c.

Ischuria being a very frequent disorder among children, even of a more advanced age, I will take this opportunity of speaking on the subject more in detail.

In catarrhal ischuria, *Dulcamara* 15th or 24th attenuation is an excellent remedy, though it is more suitable to larger than to small children. Larger children delight in wading through pools of water and getting their feet wet. By this means they will contract disease, especially retention of urine with discharge of a few drops of urine only. *Dulcamara* will certainly remove this difficulty, if there be a discharge of mucus from the urethra, and the urine have a milky appearance and deposit a sediment of white mucus. Though a few drops of urine keep discharging all the time, the bladder is nevertheless full, the child experiences a constant but ineffectual urging to urinate, and the moaning and groaning of the little patient, the pressing on the bladder, and the frequent drawing up of the legs denote great suffering which the little patient is unable to define.

Another excellent remedy for catarrhal ischuria is *Belladonna*, although its primary action on the healthy organism does not contain any very striking indications for the cure of morbid conditions of the bladder. It has suppression of the urinary secretions, retention of urine, with difficult emission of a few drops of urine at a time; but that which points more characteristically to *Belladonna* in this disease, are the spasms and convulsions

which frequently rouse the child from a restless sleep, or set in on touching the bladder ever so little ; in this case the spasms are sometimes accompanied by singultus, or a violent contortion of the extremities which finally become perfectly rigid. *Ipecacuanha*, *Ignatia*, and especially *Hyosciamus* might likewise be serviceable in such cases ; but when the above symptoms are partially induced by fright, and the child has a robust, plethoric constitution, with rush of blood to the head, bloated face, hot and burning body, tormenting thirst, stertorous breathing during sleep, with frequent starting as if in affright, *Belladonna* deserves a preference over all other remedies.

Ischuria may be occasioned by pressure, contusion, by a fall, bruise or some similar mechanical injury, in which case the sexual organs become œdematous, the urethra looks red, there is pain in the region of the neck of the bladder, and the pressing and urging to urinate disappear when making pressure on the perinæum with the thumb. This group of symptoms may likewise occur without any apparent cause, but in either case *Arnica* 6th or 12th attenuation, will afford speedy relief.

*Rhus*, 30th attenuation, may also be found useful when the dark and almost bloody urine is discharged in drops, and there is some difficulty of moving the lower limbs ; the disease was caused by a fall or blow on the sacrolumbar region. *Pulsatilla* should likewise be thought of in such a case.

Some children contract a habit of playing with their private parts. This is sometimes owing to the presence of worms, especially in older children ; but I know positively that in many cases this habit is taught them by their nurses. Among the many pernicious consequences of the premature excitement which is occasioned by this abuse, retention of urine is one of more immediate occurrence. As a matter of course, the abuse should at once be put a stop to, and proper treatment resorted to. If



the abovementioned remedies should prove ineffectual; if the excessive crying of the child during the passage of a few drops of urine, the swelling of the pubic and inguinal region, the sensitiveness of the hot scrotum to the touch, the bloating of the penis, should indicate the existence of acute pain; if the body should be cold, the face pale and the little sufferer should be tormented by excessive thirst, and yet be unable to swallow drink, the higher attenuations of *Cantharides* will prove specifically adapted to such a condition.

As regards *Cannabis*, which is strongly recommended by some practitioners for such a case, I am unable to say much either for or against this agent. Difficulty of urinating, and pain with cries while passing a few drops of urine, seem to be its principal indications in ischuria. The inflammatory and consensual symptoms are but feebly developed.

In children of six months old, I have seen retention of urine induced by brandy, which had been given the child for the purpose of putting it to sleep. I have been called to prescribe for such cases, without being acquainted with the exciting cause. There were no spasmodic symptoms; the affection seemed to be of a paralytic nature, with symptoms of sopor; even when wide awake the child did not seem to possess its usual brightness. The idea that hydrocephalus might be approaching, did not satisfy me entirely, and all I felt able to do, was to select a remedy in accordance with the symptoms. I gave *Opium*, 6th attenuation, and rejoiced at the idea of having cut off such a dangerous malady in its very germ. But in a few days the same symptoms made their appearance. The child was pale, stupid, the breathing was stertorous; the child could not be roused; not even by the frequent retching and vomiting, or by the periodically recurring-pressing and drawing up of the legs. As soon as I found out the true cause of the trouble, *Nux v.*, 30th attenuation, was given with speedy and com-



plete relief. But not only in ischuria caused by abuse of spirits, but also in other forms of ischuria or strangury, arising from cold, or a derangement of the stomach, *Nuxvomica* is a specific remedy; for urinary affections are embraced in the physiological action of this drug.

The above-named are the principal remedies which should be used in this malady. In chronic cases, when the trouble recurs after the least exposure, other remedies have to be given, either alone or in alternation with the foregoing. Such remedies are *Sulphur*, *Sarsaparilla*, *Phosphori-acidum*, *Lycopodium*, *Causticum*, *Sepia*, *Nitri-acidum*, *Plumbum*.

#### *b. Urodialysis Neonatorum.*

New-born infants sometimes discharge the urine in drops; it is red and seems to burn; for, while passing it, the infants cry, bend double, draw up their legs; the bowels are either bound or the passages resemble stirred eggs; the breath smells sour, with sour eructations and vomiting. Afterwards the skin in many parts becomes excoriated; they assume a brown color, and secrete a corrosive moisture having the smell of urine; the epidermis sometimes rises in the shape of eczematous vesicles or blisters of a larger size, like pemphigus, which break and leave superficial ulcers. The urinary difficulty does not always last uninterruptedly. During recovery the symptoms gradually disappear, but there remains a disposition to relapses.

This disorder is sometimes complicated with the following diseases: peritonitis, the abdomen which had been spasmodically drawn in heretofore, becomes tympanitic and painful to the touch; disease of the liver, with malignant jaundice; irritation of the pneumo-gastric nerves, with sudden spasm of the chest, short, panting breathing, abdominal respiration and lastly vomiting which terminates the attack; gastromalacia; acute hydrocephalus. All these various complications

may render the disease fatal. Before these complications, which are frequently of a metastatic nature, take place, the moist sores frequently dry up.

This disease is said to be met with only among infants. its primary causes are previously-existing herpes of the mother or nurse; congenital syphilis; food which engenders acidity, vitiated milk, badly prepared pap's made of flour, uncleanness. According to Hahnemann's and my own observation, the disease is caused by hereditary psora. This observation is confirmed by the opinion of authors who assign herpetic eruptions as the cause of the disease.

I do not think that the morbid condition of the urinary organs causes the other symptoms of this disease; the urinary irritation is not a permanent phenomenon in this affection, and it therefore seems to me that it is rather a symptom and, together with the other symptoms, constitutes the constitutional derangement. However, inasmuch as it is customary to class urodialysis neonatorum among the diseases of the urinary organs, I have not wished to deviate from the received opinion, the rather as the principal secondary symptoms of this affection will be found fully treated in other parts of this work.

If the affection should have been induced by the diet of the mother or nurse, and is perceived by the physician in the commencement, as soon as the characteristic difficulty of urinating makes its appearance, a cure may be effected by regulating the diet of the mother; this, at least, is necessary, even if we deem it necessary to resort to medical treatment. If acidity should develop itself in the infant, this is a sure sign that the mother's diet is not suited to her babe and has to be altered. For the urinary difficulty *Ipecacuanha*, *Pulsatilla*, *Nuxvomica* and perhaps *China*, might be given in suitably small doses, and always with reference to the exciting

cause. If uncleanness should have induced the disorder, it is a matter of course that the child should be kept cleaner. In this disease, no matter from what cause it may have arisen, baths of milk, bran and a little castile-soap, are of great use, and should be administered under any circumstances. If the disease be caused by syphilis, the sores on the skin will break out even a few days after the birth of the infant. High potencies of *Mercurius-vivus*, *Solub.*, and *Corrosivus* are the proper remedies for such a case. *Calomel* might be preferable if syphilis should have been contracted by the mother during her pregnancy, or if the infant should have been infected by its nurse. But this drug should be administered in very small doses; for at no period of human life are the salivary glands so easily affected by calomel as in infancy. If the affection should result from psora, the symptoms will likewise soon become apparent, but not so speedily as in the case of syphilis. In both cases it may be judicious to bring the infantile organism under the influence of the medicine, by administering it to the mother. In the case of psora, the symptoms point to *Sulphur* as the best remedy, which should be given at increasing intervals; in case the psora should be complicated with syphilis, a dose of *Mercurius* may be interpolated every now and then, which may be followed by a dose of *Hepar-sulphuris*, provided the condition of the eruption should require this agent. If the more pressing symptoms should have been removed, and only a little difficulty of passing water remain, a dose of *Lycopodium*, 30th attenuation, will speedily complete the cure. The powder of *Lycopodium* has been applied by allopathic physicians externally, to excoriations of children; but latterly, whether induced by our example, I am unable to determine, *Hufeland*, *Schænlein* and *Canstatt* recommend it likewise as an internal medicine in various affections of children.

c. *Enuresis, incontinentia urinæ nocturna, (Inability to retain the Urine, wetting the bed.)*

This weakness generally befalls older children, and sometimes continues until the age of pubescence. There is either a constant dribbling of the urine; or else the desire to urinate is felt, but there is an inability to retain it, and it is therefore expelled suddenly, as by force. The urine frequently passes off during sleep without the children being aware of it. The causes of this weakness are: weakness of the sphincter vesicæ, excessive irritability of the urinary bladder, general bodily debility, profound sleep, excessive laziness, or habit. The prognosis is favorable, for generally the affection disappears of itself, but may then continue until the age of pubescence.

TREATMENT.

As is the case with many other diseases of children, so likewise this weakness; it seems to spring from a psoric, herpetic, or scrofulous diathesis. Most children affected with this infirmity, have a weakly constitution, they look pale, sickly, with blue margins around the eyes, and other symptoms like those denoting the presence of worms, which frequently give rise to this disorder. Since a scanty, unwholesome diet favors the development of such a weakness, this explains its more frequent occurrence among the children of the poorer classes when of a more advanced age, whereas among the wealthier classes children of from three to six years are more frequently affected by it. The following dietetic rules are indispensable to a cure: not much drink in the evening, no beer, tea, a moderate supper; children should sleep on horse-hair mattresses, instead of featherbeds; the body should be washed with cold water every morning, and then properly dried and rubbed off. The use of cold water will diminish the excessive irritability

of the sphincter vesicae, and will enable the patient to retain the urine, for the purpose of accustoming the sphincter to a more vigorous resistance, and the bladder to increased dilatation. The child should likewise be taken up in the evening after a few hours sleep, and if it lie on the back, it should be turned over on the side. As regards the treatment, *Sulphur* 30th attenuation, will be found to answer in most cases, giving at first a dose every other day; after the lapse of eight days one every four days, gradually lengthening the intervals. If *Sulphur* should not cure the trouble, we shall have to examine the case very carefully in order to find some characteristic symptom for the selection of another medicinal agent. This will sometimes be found to be some out of the way symptom which had escaped our attention. *Pulsatilla* is suitable to children having slender frames, with blond hair, and a mild disposition; it seems to be more suitable to girls than boys. *Sepia* 30 may likewise be considered under such circumstances, and, together with *Pulsatilla*, is moreover indicated by an excessive secretion of mucus from the pudendum. *Graphites* 30 may be useful when *Sulphur* had proved ineffectual, especially when some cutaneous eruption for which *Graphites* is indicated, is present. The same remarks apply to *Carbo-veg.*, *Dulcam.*, and *Mercurius*. Other remedies are *Causticum*, *Natrum-muriaticum*, *Belladonna*, *Cina*, *Conium*, *Hepar-sulphuris*, &c., to the pathogenesis of which the physician is here referred.

*d. Urinary Difficulties occasioned by gravel or calculi.*

They may occur immediately after birth or at a later period, and can be easily distinguished from other difficulties of the urinary organs. The morbid matter is formed either in the kidneys and ureters, or in the bladder, and even the urethra. The following symptoms are characteristic: painful urination; painful discharge of a



few drops of a reddish blood-colored urine, with slimy or purulent sediment. If gravel or calculi have been discharged from the urethra, the diagnosis is quite certain; it is, however, more difficult, when the morbid concretions are located in the kidneys or ureters. In the case of boys, the existence of a stone in the bladder can be ascertained by means of an examination *per rectum*. The disease is not a rare one, only it occurs more frequently in some districts than in others, probably on account of climate or some other atmospheric or physical cause. Secondary symptoms, pains and the like, which frequently accompany the existence of calculi or stone, have not much value in a therapeutic point of view. Among these secondary symptoms the spasmodic symptoms rank highest; the little patients clench their fists, tremble all over, turn blue in the face, the extremities twitch, and even convulsions set in, which frequently terminate fatally. The accompanying gastric irritation is characterised by colic, vomiting with or without diarrhœa, &c., and finally terminates in chronic diarrhœa and atrophy.

Among the above-mentioned remedies for urinary affections, many will be found useful in this disorder. One of our principal specifics for this difficulty, however, is *Sarsaparilla*, 30th attenuation, which homœopathic physicians have used with the greatest success for stone as well as for calculi. But the organism has to be thoroughly impregnated with this remedy, if it is to remove the disorganization. After a period it may be expedient to exhibit some intercurrent remedy, the selection of which may perhaps be facilitated by a chemical analysis of the gravel, when it may be found that *Phosphorus*, *Silicea*, *Calcarea-carbon.*, *Acidum-phosphor.*, *Alumina*, may be suggested by the uric acid, the phosphate and carbonate of lime, the albumen and other ingredients of the concretion. The symptoms point likewise to *Cannabis*, *Lycopodium*, *Zincum*. *Uva-ursi* may be used empirically; we know that it has cured this

affection, and is partially indicated by the bloody and purulent urine, which is a pathogenetic symptom of this drug. In lithiasis Allopathic physicians use the carbonates as solvents, and they sometimes afford great relief; why should not homœopathic physicians do the same? Perhaps a small dose might be sufficient, and convince our opponents of the efficacy of small doses in general.

The secondary symptoms sometimes become so violent that it may be necessary to resort to some palliative for the purpose of moderating them. One of the principal palliatives for the spasmodic symptoms is *a solution of Camphor*, one grain in a hundred drops of alcohol, of which I give a drop every five minutes in a little warm milk or water until the pains abate, when the medicine may be given less frequently, and gradually discontinued altogether. Experience has convinced me that the second and third attenuation will do as much good as the tincture, and that the urine is even discharged with more ease. If *Camphor* should not relieve in half an hour, we may resort to *Cicuta-virosa*, one or two globules of the 30th attenuation, especially for the violent trembling of the extremities, which are rigid as after convulsions. I have found this remedy to help in almost every case, and I only repeat it when another paroxysm sets in. The seat of the disease is likewise agreeably affected by this drug. In this affection *Belladonna*, *Ipecac.*, *Ignat.*, *Hyosc.*, *Stramon.*, *Opium*, are likewise excellent remedies, the particular indications of which will be furnished in the chapter of the spasmodic affections.

If the bowels should be sympathetically affected, which is particularly the case in the last stage of the spasmodic symptoms, *Veratrum*, *Colocynthis*, *Chamomilla*, *Ipecac.*, *Arsenicum*, &c., may have to be exhibited. In a case of great urgency, like the present, the physician must be previously acquainted with the pathogenesis of these drugs, in order to use them with advantage.



## CHAPTER XIII.

## INTUMESCENTIA, INDURATIO MAMMARUM (SWELLING AND INDURATION OF THE BREASTS OF NEW-BORN INFANTS.)

I have seen this swelling in boys as well as girls, and it is therefore a mistake to suppose that it arises from an accumulation of milk. The fluid contained in the nipples is not milk but lymph. If left to itself, the swelling generally disappears without any further trouble. But if it should be irritated by the rough handling of nurses, who imagine that the contents have to be pressed out in order to fit the nipples for their future use; or if the swelling should be rubbed and pressed by tight dresses, inflammation and even suppuration may set in, and the child may have to suffer a good deal of pain and even be attacked with fever. Such a swelling takes place in most cases without any apparent cause; at least rough handling is not always the cause. The prognosis is generally favorable.

If inflammatory symptoms should be present, every irritation of the swelling should be carefully avoided; after bathing the child the breast should not be wiped and rubbed, but it should be dried by gently pressing a fine linen cloth upon it; and the breast should be guarded against pressure from the dress, by covering it with a tuft of soft lint, and putting on the dress as loosely as possible. This proceeding is sometimes sufficient to effect the absorption of the accumulated fluid; but there are other cases where the swelling progresses steadily towards an inflammatory condition. In such a case, or in case such a condition should have actually been induced by the rough manipulations of nurses, a single dose of a high attenuation of *Arnica* is frequently sufficient to remove the difficulty, provided no external symp-

toms of inflammation are visible. If the inflammation should be fully developed, with fever, a dose of a high potency of *Aconite* is the proper remedy. If the feverish chills should only set in now and then, and the swelling should be hot, tense, and should begin to become red, in such a case *Bryonia*, 30th attenuation, deserve a preference over all other remedies. If the inflammatory redness should spread over the circum-ambient parts or should assume an erysipelatous character, *Belladonna* is the best remedy. If the suppurative process should set in in spite of all previous treatment, or if the physician should first be sent for after suppuration had actually set in, (either in consequence of the rude handling of nurses, or as a natural development of the disease in fat, plethoric children,) all the above mentioned remedies yield in efficacy to *Hepar-sulphuris*, 3d trituration, to be followed by *Lachesis*, 30th attenuation. And these two remedies are again superseded by *Mercurius*, *Phosphorus* and *Silicea*, if the long continuance of the suppurative process should have induced hectic fever, or fistulous passages in the ulcer.

---

## CHAPTER XIV.

### ICTERUS NEONATORUM. (JAUNDICE OF NEW-BORN INFANTS.)

Nothing is more frequent in new-born children than an icteric appearance of the skin soon after birth. This is not always a morbid symptom, since it is well known that infants who are born with a deep-red, or red-brown color, or a tan-colored appearance of the skin, (*erythrosis neonatorum*), are most frequently subject to this metamorphosis of the pigment under the cuticle. Infants who are born prematurely, are most frequently affected by it. This condition is not real icterus, for the charac-

teristic symptoms of this disease, the yellow color of the sclerotica, and the presence of bilious pigment in the urine are wanting. It cannot appear strange that new-born infants should be liable to being attacked by symptoms of jaundice, when we consider that the functions of the liver undergo important changes after birth, and that it is then for the first time that this organ enters upon its true functional duty, which consists in secreting the bile. How easily may it happen that the liver should not yet be adequately prepared for this office.

The disease generally sets in three or four days after birth, and differs from that of full-grown persons in a striking manner. The skin of the face turns yellow and the eyes likewise, but there is no other morbid symptom present. This yellow tint gradually spreads over the whole body, and disappears again in the same manner, sometimes in a few days, and at other times after the lapse of nine or more days. This condition arises from a simple disturbance of the urinary secretions; the child is quiet, sleeps well, the bowels are open, the abdomen is not sensitive to pressure, the child nurses well; the passages are mostly bilious and diarrhœic, or the icterus may disappear with the setting in of a diarrhœa, which is considered a critical symptom. If the icterus should change to a complete jaundice, all the ordinary symptoms of jaundice will develop themselves.

The prognosis is favorable, and the disorder generally disappears of itself, provided a suitable diet is followed. The little patient requires to be kept in a moderately warm temperature, the bowels should be kept regular, cleanliness and warm clothing are likewise necessary, and the child should have nothing but the mother's milk, and every other kind of food, especially solids, should be omitted.

But dietetic measures do not always satisfy the anxious parents, especially when the relatives make it a point to praise the rhubarb and magnesia of their own

allopathic physician. If the difficulty should have a catarrhal origin, *Chamomilla* and *Dulcamara* are the best remedies. They may be given alternately every 12 hours, in minute doses, and their action may be assisted by uniform temperature and tepid baths. It frequently happens that such an icterus is the result of the abuse of certain drugs, such as Chamomile or Rhubarb, which ignorant mothers or nurses pour into the infant's bowels for the purpose of expelling the meconium. Chamomile especially is the fashionable panacea with which both the mother and the infant are drugged without rhyme or reason. I need scarcely remark that, if a physician be sent for under such circumstances, his first duty is to stop the use of this fashionable disturber of the constitution, and then to administer suitable antidotes. They may be given at the same time to the infant and mother, to the latter in larger doses. I have frequently cured the disease with *Nux*, 12th or 30th attenuation, especially when catarrhal symptoms seemed to be present, or the bowels had been confined beyond the proper period. If spasmodic symptoms had occasionally shown themselves during pregnancy, or even during confinement, or in the infant, *Ignatia*, 12th or 30th attenuation, proved an excellent remedy in my hands. If no improvement had set in after 36 or 48 hours, I found *China*, 24th attenuation, efficacious. *Ipecacuanha* and *Pulsatilla* might be exhibited, if the tongue should be furred, if the infant should gag and bring up a good deal of phlegm, if there should be a good deal of mucous rattling in the chest, the fæces should be encircled with mucus, &c. If we should feel certain that the excessive use of Rhubarb had occasioned the disease, a few doses of Chamomile, or if they should not be sufficient, *Mercurius-solubilis*, 18th attenuation, will remove the trouble.

In the hands of a prudent and experienced homœopathic physician, icterus neonatorum will scarcely ever run into the malignant type. This may however happen ;

or the homœopathic physician may be sent for to take charge of such a case after bungling nurses or allopathic physicians had exhausted their mischievous powers. It is a satisfaction for me to be able to say that I have never lost one of the many cases of this disorder that I have been called upon to treat, and I will therefore proceed to a description of the means I have used, after first describing the disease.

The color of the skin changes to a dark brass-tint; the abdomen is distended, hard, painful to pressure; the children are restless, moan constantly, draw up their legs; the bowels are confined, or else the passages are hard, clay-colored, or they look like stirred eggs; soon after fever sets in, the head and trunk are hot, the pulse is accelerated. If there should be starting during sleep, and afterwards also during the waking state, sopor, &c., we may infer that inflammation, suppuration, or some kind of disorganizing process has set in. If treated in the common manner, the disease will seldom terminate favorably at this stage; sweats and bilious stools will set in, and the patient will die from paralysis of the brain (acute hydrocephalus) or bowels.

The first thing to be done is to regulate the diet, which is the more necessary as the disease generally does not set in until a few weeks after birth and may have been partially occasioned by a vicious diet. If the mother's milk should not be healthy, the milk of a good nurse should be substituted; pap made of flour and food which is apt to sour on the stomach, should be entirely avoided. The physician should likewise inquire into the previous treatment and read the prescriptions of his allopathic predecessor, for an antidotal treatment may have to be instituted. If the data upon which such a treatment could be based, should be wanting, or if it should be without avail, or if the disease should have progressed so far without any previous treatment, in either of these cases the excessive prostration of the little patient point-

ed to *China*, 12th attenuation, to be followed in many cases by *Mercurius-solubilis*, 12th attenuation. This medicine may likewise have to be exhibited previous to the *China*, and is indicated by the following symptoms : brass color, diarrhœic stools consisting of bloody mucus, with cutting and sometimes with tenesmus, generally worse towards evening and night, painful distention of the abdomen, hectic fever with exhausting sweats, soreness of single parts, &c. *Digitalis* is less indicated in this affection from the commencement, as long as the symptoms of a general constitutional irritation of the organism prevail. *Digitalis* may indeed seem to be indicated, together with *Mercurius*, by a sensitiveness of the region of the liver and pit of the stomach ; but the sensitiveness of *Digitalis* is less acute and more circumscribed than that of *Mercurius* ; it is more confined to the region of the gall-bladder ; the passages pointing to *Digitalis* are likewise different from those of *Mercurius*, they are ash-colored or whitish, and the urine is emitted by fits and starts. Moreover *Digitalis* has no fever, except a sensitiveness to cold, and the pulse is slow. I have generally exhibited the sixth attenuation in repeated doses. When the disease seemed to be complicated with psora, I have been in the habit of giving a dose of *Sulphur*, 30th, repeating it, if necessary, in a few days.

It is not to be expected that the course of treatment which I have pointed out so far, should be applicable in every case. All that I have desired to accomplish, is to furnish the necessary general indications which may have to be modified in particular cases, and for which I rely upon the judgment of each practitioner. We may perhaps have to select among *Acidum-nitri*, *Hepar-sulphuris*, *Calcareo-carbonica*, *Tartarus-emeticus*, *Veratrum*, *Bryonia*, *Squilla*, *Colocynthides*.



## CHAPTER XV.

## ERYSIPELAS NEONATORUM, S. INFANTUM (ERYSIPELAS OF NEW-BORN INFANTS).

One of the most common affections of new-born infants is erysipelas, which likewise frequently occurs some time after they are born. It is most frequent between the third and tenth day, and gradually diminishes in frequency until the close of the first year. Precursory symptoms are: restlessness, sleeplessness, vomiting, colicky pains, distension of the abdomen, constipation, or else green watery stools, sometimes a jaundiced color of the skin, scanty discharge of urine which leaves a yellow stain on the diaper, in some cases convulsions and aphthæ in the mouth.

Most frequently the exanthem proceeds from a circumscribed spot of the abdominal integuments, generally from the umbilicus, sometimes from the sexual parts, the extremities, or the thorax. Its form differs, it may be phlyctænous, erythematous, œdematous or phlegmonous. It spreads from one part towards another, and sometimes so rapidly that the whole body becomes covered with it in a very short period. It soon assumes a dark livid tint, and is not, as in full-grown persons, shining, but has a velvety feel, as if the skin were thicker. Neighboring glands are sometimes swollen. The exanthem frequently terminates in gangrene or suppuration. Gangrene may set in even on the third or fourth day after the first appearance of the exanthem, especially when it develops itself from the umbilicus or sexual organs, and the child has a weakly constitution or is born of syphilitic parents. Suppuration occurs more frequently than gangrene, and will sometimes occasion an extensive destruction of the the subcutaneous cellular tissue.

The general health of the little patient is more or less

affected in this disease. The child moans and cries all the time ; its respiration is anxious, and it soon loses flesh. The pulse is small, frequent, the skin looks jaundiced and is frequently covered with petechiæ. The extremities are cold, but the body feels burning-hot ; there supervene vomiting, fetid discharges from the bowels, sensitiveness of the hepatic region, discharge of a dark, almost blackish urine, collapse of the features, convulsions and comatose symptoms.

The disease frequently runs a rapid course and terminates fatally on the seventh day. In other cases the exanthem will continue to spread for weeks. Recovery is very rare ; the fever abates, there is a gradual diminution of the redness and hardness, a general critical change with desquamation, or a metastatic formation of boils and abscesses. Induration of the cellular tissue is another, but very rare termination of this disease.

The disease originates principally in miasmatic influences, or may likewise be caused by the irritating agents which suddenly act upon the child after birth, or by a cold, uncleanness, traumatic injuries, rude handling of the umbilical cord, violent passions, such as anger and fright, acting upon the mother, bad diet, abuse of spirits by the mother or nurse, &c. According to Canstatt the prognosis is generally unfavorable, though it depends upon the seat of the erysipelas, upon the intensity and extent of the inflammation, upon the predisposing and exciting causes, upon the duration of the affection, upon existing complications. The most dangerous form of this disease is that which proceeds from the umbilicus and the sexual organs ; it occurs least frequently in private practice, and is generally met with in foundling-houses and hospitals.

The allopathic treatment of this disease is exceedingly indefinite and unsatisfactory. Nor is the homœopathic treatment all that could be desired. Nevertheless I will endeavor to offer a few useful suggestions.

Precursory symptoms are to be treated in accordance with the general principle "similia similibus." They do not differ in different forms of gastroataxia, and no conclusion can be drawn from them respecting the nature of the impending attack. If the disease should have been occasioned by fright or anger, *Aconite* will be found to act as a specific. Or if, in the progress of the disease, fever should make its appearance, *Aconite* may be resorted to as an intercurrent remedy. It is doubtful whether *Aconite* will be of much use in the commencement of this, or any other erysipelatous disease. *Arnica* 6th or 12th, should be exhibited if the disease arise from rude handling of the umbilical cord, in which case it proceeds from the umbilicus. This remedy should, however, be given in the first stage of the disease; for at a later period we have to give some other more appropriate remedy, and particularly *Belladonna* 30th, which I consider the best specific remedy for this eruption, even if vesicles should have formed. Next to *Belladonna*, *Lachesis* 30th should be given in the more intense forms of this disease, with swelling of the adjoining glands, excessive sensitiveness of the whole skin, livid complexion, blackish lips and tongue. *Phlyctænæ* do not contra-indicate *Lachesis*, provided it is otherwise suitable to the symptoms. The existing inflammation of the skin, when *Lachesis* is the remedy, is generally of an oedematous nature. *Mercurius-solubilis*, in small doses, is an admirable remedy in this disease. There is generally some syphilitic or herpetic dyscrasia which the child inherited from the parents. Even in the first days of the child's life red spots break out in the groin, on the scrotum, between the thighs; at first they are of a pale-red color, gradually changing to a deeper red, and forming a sort of intertrigo, with a disagreeably-smelling exudation. These spots incline to suppurate. Shortly after, other spots of a brighter red make their appearance on other parts of the body, especially on the abdomen, in the umbilical re-

gion, &c. The erysipelatous character of the disease becomes more and more marked, and the former isolated spots are gradually involved in the general disorganization. Diarrhœic, fermented stools are generally present, and a more or less acute fever is never wanting. No remedy is better adapted to this form of the disease than *Mercurius-solubilis*, which may be given alternately with *Sulphur* 30th, when there seems to be a complication of syphilis and herpes. If the disease should be of a purely herpetic nature, *Sulphur* is the specific remedy. *Hepar-sulph.*, *Rhus-t.*, *Graph.*, *Puls.*, and other remedies which we use for erysipelas generally, may be useful in some cases of erysipelas neonatorum, but it is my impression that in all diseases of infants whose organisms are much less tainted than those of full-grown persons, with heterogeneous influences, we can get along with less remedies than might be required at a later period. I ought to mention one more remedy, however, which Dr. Wurzler of Bernburg has used in this disease with good effect, it is *Taxus-baccata*.

---

## CHAPTER XVI.

### INDURATIO TELÆ CELLULOSÆ, SCLERODERMA, ŒDEMA NEONATORUM COMPACTUM, DURUM, (INDURATION OF THE CELLULAR TISSUE OF NEW-BORN INFANTS).

This disease occurs very frequently in the large foundling-hospitals of England and France; it is much less frequent in Germany. The first case of this disease I ever treated, occurred some thirty years ago; it terminated fatally.

*Symptoms.* The disease sets in eight, twelve or twenty-four hours after birth, sometimes two or more days, but seldom after the seventh day. The infiltration commences at the lower extremities, generally the calves;

they become livid or purple-red, sometimes of a wax-yellow, cold, hard and stiff as wood, so that scarcely an impression can be made with the finger. The swelling and hardness spread downwards towards the feet, upwards towards the thighs, pubic region, sexual organs, abdomen, neck, face and upper extremities. Chest and back remain free. The skin is dry as leather, like the skin of a mummy, and the desquamation of the epidermis, which usually takes place shortly after birth, never occurs. Nor can the skin, on account of its adhering to the cellular tissue and muscles, be moved to and fro. The face is characteristically disfigured by the bloating of the lips, the roundish shape of the small mouth which is pushed forwards, the swelling of the frequently shining cheeks, the œdema of the upper eyelids which are frequently transparent, almost always closed and are opened only now and then. The child lies motionless, as if in a state of stupid torpor; at most it will turn its head from side to side. A characteristic symptom is the marble-coldness of the body, not only on the surface and especially the infiltrated parts, but even in the mouth.

It is in the process of breathing and in the circulation that the symptoms of debility are most marked. The child loses the faculty to swallow; its voice is feeble, thin, moaning, sometimes quite extinct; in other cases, on the contrary, the voice is pretty well preserved, and the crying is pretty vigorous; the respiration is sometimes scarcely perceptible, short inspirations are followed by long expirations, and are sometimes accompanied by considerable rising of the thorax followed by immobility of this part. If the disease should be complicated with some pulmonary disorder, the breathing becomes accelerated thereby. At first the pulse is small and slow, (60—72) and at last becomes so feeble that it is impossible to feel it in any part of the body; even the beating of the heart becomes finally imperceptible even through



the stethoscope. The urinary and alvine secretions are more scanty. (*Canstatt*).

The disease is of short duration; most children die of it before they have reached the seventh day; the sooner it breaks out after the birth of the infant, the shorter its course. Such children generally die of starvation; convulsions occur very seldom. At the approach of death, a frothy, yellow and sometimes blood-colored serum is frequently discharged from the mouth and nose. In the lesser grades of this disease, the symptoms sometimes take a favorable turn, and gradual convalescence takes place; but there remain for a long time œdema, labored breathing, and irregular pulse, and sometimes a relapse takes place after several weeks, or other complications set in, destroying all hope of recovery.

The most frequent *complication* is pneumonia, which mostly develops itself two or three days after the first commencement of the disease. In some cases it cannot be recognized by any external phenomena except the hurried pulse and respiration, the increased paleness of the face, the shrill crying of the child; when hepatization has set in, the dulness of the sound on percussing the thorax, and the disappearance of the respiratory murmur, may lead an observing physician to suspect the presence of pneumonia. It is the opinion of some physicians, that icterus is the real disease in this case, and that the œdema is merely a higher grade of the icteric affection; but we now know from experience that these two diseases may coexist simultaneously.—Another complication is enteritis, which is said to be indicated by the following symptoms: “constipation followed by diarrhœa, in some cases discoloration of the skin, disappearance of the œdema, increasing emaciation and prostration from day to day; the body, instead of having a cherry-brown appearance, was dotted with blueish spots as if ecchymosed, and the hardness of the extremities changed from the œdematous hardness to that of fat. after which death set



in in a few days."—Other complications are : malignant aphthæ and purulent ophthalmia. There seems to be a striking difference between this affection and erysipelas neonatorum ; nevertheless these diseases have been considered identical by some physicians.

The hardness which was observed a few days before death, remains a few hours after death ; after a while the body becomes a little softer. The color of the extremities remains the same as during the disease. The cheeks are sometimes the hardest, and glisten ; the lips and upper eyelids are considerably bloated. On cutting into the hardened substance, a considerable quantity of a blackish fluid blood is discharged ; on cutting a little more deeply, a bright-yellow, or an orange or blood-colored, albuminous and coagulable serum is discharged as in dropsical patients, after which the hard parts grow a little softer. If subjected to a chemical analysis, this serum is found to resemble that of dropsical patients. This serum is not only discharged from the subcutaneous cellular tissue, but frequently from the cavities of the pleura, peritoneum, from the arachnoid membrane, and from the cellular substance of internal organs. The alterations in other organs occur with less regularity, but most frequently in the lungs in the shape of akelectasia of greater or less extent, simple hyperæmia, hypostasis, splenisation ; cases occur, however, where the lungs are found perfectly sound, which shows that a disorder of this organ cannot, as some physicians imagine, be the cause of the general disease. The same remarks apply to the heart, liver, stomach, intestinal canal, brain and spinal marrow. The heart, especially the right ventricles, and the large arteries, are mostly filled with a black, fluid blood ; the liver is generally of a large size, engorged with blood, rarely softened or otherwise morbidly altered ; the gall-bladder is filled with a dark-brown or green bile. Disorganizations of the stomach and intestinal canal, such as are sometimes seen in children who died from other diseases,

do not shed any light on the character of this affection. Sanguineous engorgements and serous infiltrations are sometimes discovered in the brain, spinal marrow, &c.

*Etiology.* According to *Canstatt*, œdema neonatorum is occasioned internally by the natural deficiency of vital energy, and externally by the disorganizing action of cold upon the skin. This latter cause seems to be tolerably certain, to judge from analogy, for it is well known that similar œdematous conditions are frequently caused by exposure to cold during the period of desquamation in acute eruptive diseases, and it is a noteworthy fact, that the present disease always coincides with the period during which the epidermis of the new-born infant is renewed, and occurs very seldom after the seventh day. The disease befalls frequently weakly children of premature birth, and is of very frequent occurrence in the Paris foundling-house from October till March, a period of the year when the cold is most sensibly felt. Other authors assign various other causes to this disease, but they seem so improbable that I do not deem it worth my while to mention them in this place.

The *prognosis* is very unfavorable. The sooner after birth the disease breaks out, the more weakly the child, the more impoverished its food, and the less it is generally cared for, the sooner this disease runs to a fatal termination.

*Homœopathic treatment.* I am sorry to say that our experience in the treatment of this disease is still very limited, and that the best I can do for a beginning practitioner of our art, is to furnish a few general indications, which I trust may be found serviceable in guiding him in particular cases.

In the first place it is of the utmost importance to prevent the disease from breaking out at all. To attain this end the child should be kept warm, by dressing it warmly and keeping it in a good warm bed; it should

likewise be bathed with tepid water, and the skin should be gently rubbed to facilitate the process of desquamation; good nursing, healthy milk either from the mother or nurse, are likewise indispensable requisites to preserve the health of the infant.

As regards the treatment, I recommend in the first place *Dulcamara*, 3d attenuation, when the disease is quite recent, dating only from a few hours, and the œdema has invaded the whole body, except the face. This choice is determined by the exciting cause, which I suppose to be exposure to cold, and by the sudden œdema, with restlessness and pain as denoted by the constant moaning of the child, and by the slimy passages. I give one or two globules every three or four hours, avoiding the liquid form in this disease. The attending physician may give any other suitable attenuation, and need not bind himself to the third.

If no improvement take place in 24 hours, or if the disease keep progressing, or if the physician should first be called, when the disease had reached a dangerous height, *Dulcamara* will be of no avail. In such a case *China*, 24th, to be repeated every 8 or 12 hours is suitable and is more particularly indicated when the following condition occurs: The vitality of the child is very low, there is anæmia in consequence of the delivery of the placenta previous to the birth of the child; the skin has an icteric tint; the hard swelling exhibits here and there large dark-red spots; the swollen parts feel cold as ice, (the passages are hard and scanty?) While using the *China*, *Ferrum-metallicum*, 6th, may be exhibited as an intercurrent remedy, for its action in this disease is somewhat similar to that of *China*.

*Arsenicum-album*, 30th, is a remedy which will yet help in the most desperate cases. The best method of administering it, is to dissolve a few globules in a little water and to give a few drops every half hour. It is indicated by the following symptoms: the face and whole

body are disfigured, there is a marked prostration, superficial respiration, feeble pulse, aphthæ, &c. Such a condition might perhaps have been prevented, if Arsenicum had been employed sooner. If the disease should increase in spite of the Arsenic, and a frothy mucus should make its appearance at the mouth and nose, *Lachesis* might yet be able to save the child's life. Whether *Rhus-t.*, *Helleborus*, *Phosphorus*, *Mercurius*, and other remedies might be of any use in this disease, will have to be decided by further experience.

If the disease should be complicated with pneumonia, icterus, enteritis, such complications will have to be treated in accordance with the individual nature of these affections. Their treatment will be found recorded in the proper places.

---

## CHAPTER XVII.

### SYPHILIS NEONATORUM SEU CONGENITA, (SYPHILIS OF NEW-BORN INFANTS.)

There is no doubt of the syphilis being transferred from the infant to the mother; whether the transfer takes place during pregnancy or during the act of parturition, is not quite settled. Homœopathic physicians generally adopt the views of their great teacher, according to whom syphilis may, like psora, become a latent principle in the child's organism, and may, therefore, exist without the characteristic local symptoms having become manifest. For therapeutic purposes it matters little at what period the infantile organism becomes tainted by the syphilitic poison; I have expressed my own opinion, and any body else is at liberty to entertain the same or a different belief, just as he pleases.

The following symptoms characterize the presence of syphilis in the new-born infant: A few days after birth,

provided the infection took place during the passage through the vagina, or else at an indefinite period, if the infant had become tainted during the foetal life or at a later period, the disease first breaks out on parts which are covered with a very delicate epidermis, such as the eyelids, lips, even in the buccal cavity, at the navel, in the rectum and on the genital organs. It likewise breaks out between the fingers and on other parts, in the form of small pustules having a red, copper, or lead-colored, or even blueish appearance; they spread, break and then discharge an acrid, fetid ichor, causing flat ulcers with a white, ash-colored base; a red-blue or black-blue appearance of these ulcers indicates gangrenous disorganization. On the skin copper-colored spots break out, or the epidermis looks shrivelled, or copper-colored papulae or pustules make their appearance and generally change to ulcers. A similar ulcerative process develops itself in the corners of the mouth, at the anus, on the sexual organs, tongue, lips, and in the Schneiderian membrane. This membrane, and the mucous membrane of the mouth, seem to be slightly inflamed, tense and shining, and the breathing through the nose is somewhat impeded on this account. In syphilitic ophthalmia the eyeball is affected, which distinguishes it from the ordinary blepharophthalmia neonatorum. A characteristic appearance in syphilitic ophthalmia is the fine, pale, rose-colored redness of the sclerotica, which is most perceptible round the margin of the cornea and gradually decreases as it approaches the corners of the eyes; the pupils are somewhat contracted and the cornea is dim. In the further progress of the disease tumors form on the head, fingers and toes, at the roots of the nails, and change to suppurating ulcers; a peculiar process of ulceration, preceded by intense pain, is likewise said to take place on the heels, and to occasion a complete destruction of the soft parts through to the bone. The body becomes thin, the face looks old, aphthae and ulcers break



out in the mouth, the voice becomes hoarse, deglutition and respiration are impeded; a thin, purulent ichor is discharged from the eyes, nose and ears, and the whole body is covered with swellings, rhagades, callosities and condylomata. The skin on the nates, at the umbilicus, on the thighs, labia and scrotum, round the mouth, in the hands and on the soles of the feet, looks red and stretched. As the disease progresses, all the different systems of the organism are invaded, and even osseous tumors form and terminate in caries. This is a tolerably complete picture of syphilis as it has been observed on a number of children, though the symptoms do not develop themselves in the same order of succession as they have been described in the foregoing list.

It is not always possible to acquire perfect certainty respecting the existence of syphilis in the new-born infant, except in the case of syphilitic ophthalmia, which is distinguished from the ordinary ophthalmia neonatorum by the following symptoms. The secretion of mucus from the eyes soon assumes a purulent form, the symptoms develop themselves much more rapidly than in a case of benign ophthalmia; the cornea soon becomes opaque, the margins of the eyelids assume a red-blue, pad-shaped appearance; the caruncula lachrymalis shows lead-colored spots, and the vessels of the conjunctiva become varicose. In some cases the cornea is corroded by the poison, the crystalline humor escapes, and in a few days the eye is lost.

Generally speaking, the prognosis is not unfavorable, except in the case of weakly and rickety children, or who were born before having attained their full term; for in such cases the disease frequently terminates fatally even under the best treatment.

*Treatment.* Not only the curing, but the preventing disease, is a physician's duty. It is supposed, and experience is said to have confirmed the supposition, that the habitual disposition of some females to miscarriage



is caused by the presence of a syphilitic taint in the organism, which had to be effectually eradicated by the protracted use of calomel, after which the mother was able to go her full term. This may be good treatment, but it is not near as safe and certain as the strictly homœopathic treatment, for the prevention of miscarriage.

If the genital organs of the parturient mother should exhibit syphilitic symptoms, both the internal and external organs should be greased before the passage of the child, and as soon as it is born, it should be carefully bathed, especially the eyes and buccal cavity, and the different orifices of the body, and all the creases should be well washed and cleaned. Every day a most careful examination should be instituted, so that a suitable treatment may be pursued as soon as the first symptoms of primary syphilis should make their appearance. In such a case the medicine may be given to the infant itself, and the mother's milk should be replaced by milk from a nurse, or by some other suitable nourishment. If chancrous ulcers on the lips, in the mouth, on the sexual organs, &c., should have broken out, a few doses of *Mercurius-solubilis*, one dose morning and evening, will effect a cure in from eight to ten days, provided there is no secondary syphilitic taint in the organism. In this case, the treatment with *Mercurius* will have to be continued for a greater length of time, and a dose of *Sulphur* may be interpolated with advantage for the psoric complication which might be present. In general, congenital syphilis is seldom found unadulterated with some other dyscrasia.

If the case should have been treated by allopathic physicians with large doses of mercury, the homœopathic physician will have to examine the symptoms with great care, in order to distinguish between the true syphilitic and the mercurial symptoms. For it generally happens that the first symptoms of mercurial action are

mistaken for an exacerbation of the natural disease, and that the doses of mercury are progressively enlarged to meet the progressive development of the syphilitic miasm, until the natural disease and the mercurial poison have become thoroughly amalgamated, and exhibit a horrible image of destruction in the infantile body. The first thing to be done in such a case is to prescribe a medicine that will stay, as speedily as possible, the devastating effects of the mercurial poison, and according to my long experience, there is no remedy that is better calculated to accomplish this purpose than *Hepar-sulphuris c.*, which I always exhibit in the second or third trituration, of which I give half a grain, in a little milk, every three hours. The first symptom of an improvement is a diminution of the moaning of the little patient, who becomes more quiet. As long as the remedy exercises a favorable action, we may continue its use, at longer intervals, but employing the lower triturations which act better than the higher attenuations. If the *Hepar* should cease to be indicated, we discontinue its use, and exhibit some other more suitable remedy, allowing an interval of twenty-four hours to elapse without giving any medicine, unless the delay should occasion danger. If ptyalism and aphthæ should denote an impending angina mercurialis, a few globules of the 30th attenuation of *Acidum-nitri* will soon correct this condition, unless the aphthous formation should extend the whole length of the intestinal canal, in which case a dose of *Tartarus-emeticus* may be interpolated. If the mercury should have destroyed already the soft and hard parts, half a grain of *Aurum-metallicum*, 3d., every eight or twelve hours will be found an efficacious remedy to stop the process of disorganization. For caries of the palatine and nasal bones, *Aurum-met.* is an excellent remedy generally, with which *Acidum-phosphoricum* 6th, goes hand in hand. In mercurial and syphilitic affections of other bones *Aurum* is of very little use; in such cases *Asafætida* 12th, or

even a higher attenuation, and *Acidum-phosphoricum* deserve a preference. In mercurial stomacace with dysphagia, swollen, receding and spongy gums, *Belladonna*, *Dulcamara*, *Carbo-vegetabilis*, *Sulphuris-acidum*, and *Sulphur* are likewise of great use. The three last named are especially indicated when a psoric complication is present.

The various cutaneous affections occurring in syphilitic infants, even when their original form had been altered by the excessive use of *Mercury*, are generally cured by *Nitri-acidum*, *Hepar-sulphuris*, *Acidum-phosphoricum*, *Dulcamara*, *Thuja* and *Sulphur*.

Condylomata which spring up in denuded parts, or in parts covered with a delicate epidermis, such as the lips, mouth, anus, sexual parts, are generally complicated with chancreous ulcers. Such symptoms indicate *Mercurius 18th*, and, if it should not effect a cure, *Thuja 18th*, which certainly deserves a preference over *Acidum-nitricum*, if the chancreous ulcers should constitute a red surface with a hard base, and the figwarts should secrete an acrid, purulent substance. For condylomata alone, *Thuja* and *Nitri-acidum* are the principal remedies which seldom will require another remedy to effect a cure in the infant.

Without the intervention of *China* it is scarcely possible to cure a case of congenital syphilis. It supports the infantile organism in its exhausting struggles against the assaults of a frightful disease and a no less frightful medicinal poison, and not only antidotes the *Mercury*, but is likewise a remedy for the various secondary symptoms occurring during the course of the syphilitic affection, frequent attacks of coldness, with goose-flesh, nervous paroxysms, loss of appetite and sleep, a livid face with a pointed nose, exhausting lentescent fevers with dry lips, frequent desire for drink. If these symptoms should be accompanied by frequent night-sweats,

*Phosphori-acidum* is the most suitable remedy next to *China*.

*Syphilitic Ophthalmia* requires to be treated with great care, to prevent the destruction of the organ. *Mercurius-solubilis* 3rd, is almost certain to effect a cure; if the symptoms should point to a complication of sycosis and syphilis, *Thuja* may have to be given, either alone or in alternation with *Mercury*. Next to these two remedies, *Carbo-veg.* and *Nitri-acidum* deserve to be thought of.

---

## CHAPTER XVIII.

### APHTHÆ. (THRUSH.)

SYMPTOMS.—The appearance of the aphthæ is frequently preceded for some days by a cross humor, restlessness, alternate redness and paleness of the face, vomiting, difficult breathing, spasms, frequent thin, green, foetid passages, after which the fever abates and the eruption on the mucous membrane of the mouth shows itself on the internal surface of the lips and cheeks, in the corners of the mouth, on the gums, on the borders and at the tip of the tongue, on the velum palati; small, red elevations, which are frequently grouped in clusters, break out, changing to a white-gray color, surrounded by red borders, and gradually attaining the size of a millet-seed to that of a very small pea. These vesicles sometimes cover the inner mouth so completely, that the peculiar color of these parts is no longer apparent. When the affection has spread over such an extensive surface, the child finds the nursing both troublesome and painful; it cries, lets go of the nipple, and is unable to drink continuously. The mouth is hot and dry, the saliva is secreted in somewhat larger quantity. As a general rule, the child is not very restless, there is no fever, the

passages are normal and the local affection runs its course in a couple of days, especially when the aphthæ are not very numerous. But if the whole mouth, throat, larynx and intestinal canal should present a continuous aphthous surface, with hoarseness, swelling of the throat, vomiting, in such a case the reproductive system is affected, the children grow thin and pale, vomiting and diarrhœa set in, and the affection, which at first seemed insignificant, may assume a dangerous character. If the tonsils and larynx should be inflamed, this is easily recognized by the difficulty of swallowing and the shrill sound when crying.

CAUSES.—Feeble, lymphatic, impoverished children are principally disposed to aphthæ. Other causes are: vitiated air, bad food, want of cleanliness; hence it is that aphthæ are more frequent among the poorer classes, and among children living in damp, badly ventilated rooms, into which the light of day is only partially admitted.

COURSE, TERMINATIONS, PROGNOSIS.—They generally last seven days; when the ulcers run into each other, the affection may last a whole month. If the disease should run a long course, or if complications should set in, the aphthæ may become gangrenous; they assume a livid, black-brown color, secrete an ichor that has a foetid, gangrenous smell, spread rapidly, penetrate below the surface, the buccal cavity and the throat swell considerably, the ptyalism becomes more profuse and the fever takes on an adynamic character. Possible complications are: extension of the aphthæ along the œsophagus, larynx, stomach, intestinal canal; softening of the stomach, affections of the respiratory organs. This malignant form runs a rapid course, and frequently terminates fatally after the lapse of five or six days. For the treatment, the reader is referred to the next chapter.

## CHAPTER XIX.

STOMATITIS PSEUDOMEMBRANOSA, APHTHOSA.  
(APHTHOUS STOMACACE.)

This disease, which is analagous to, but not by any means identical with aphthæ, has first been described by French physicians under the name of *muguet, stomatite crémeuse*. It is seldom met with in practice, but is generally seen in foundling-hospitals. It is a pseudo-membranous, exudative form of the mucous membrane of the mouth (*stomatitis diphtheritica*.) First the mucous membrane of the mouth swells up, after which small, whitish or yellowish tips of a greater or less size make their appearance on the extremities of the prominent papillæ; they constitute flat little surfaces of an irregular shape, and resemble curdled milk; first they break out on the borders and at the tip of the tongue, afterwards on the inner cheeks, gums, roof of the mouth, velum and uvula. These cheesy formations spread, increase in thickness, become confluent, and frequently form a lardaceous, pseudo-membranous covering over the whole mucous membrane; the exuded substance is of the consistence of pap, at first adhering rather firmly, but afterwards it can be detached with ease. The subjacent mucous membrane is intact, generally covered with the epithelium, but it looks redder than usual. Sooner or later the pseudo-membrane is detached in patches, after which a new membrane forms, and in this way the disease lasts several weeks. The color of the membrane is sometimes brownish, more frequently of a dingy white, or yellowish. The cavities of the nose or the Eustachian tube are never invaded.

Previous to the erythematous inflammation setting in, the children become restless, refuse the breast, the mouth is hot and dry, and there is a good deal of thirst;



they are sad, moan, twist about, stamp with their feet, and seem to be tormented by flatulence and colic. Generally there is meteorism, alternate constipation and diarrhœa, the latter prevailing. When the disease has reached its acme, ulcerations frequently take place at the ankles and heels, and sometimes terminate in gangrene. If the children be very small and the affection violent, the general health of the children suffers, they look pale, and some fever sets in, as may be inferred from the increased warmth, dry skin and increased thirst. At first the disease looks like the ordinary aphthæ, and its true character is not seen till the diarrhœa, fever, the exanthem on the nates, the swelling of the papillæ and the characteristic exudation have made their appearance. Frail infants, that are brought up by hand, are exposed to this affection in the first days or weeks of their lives; uncleanliness, bad nourishment and vitiated air favor its outbreak.

The best preventive method in this disease is cleanliness, daily bathing, washing out the mouth several times a day with a little tepid water, avoidance of all sugar-tits, keeping the breasts and nipples clean, proper nursing, regularity of the bowels, ventilation, and taking the child into the open air as often as the weather will allow.

As regards medical treatment, aphthæ, provided the children are otherwise robust and healthy, and the exciting causes are removed, disappear of themselves. If the eruption should require treatment, a common remedy has been a weak solution of *borax*, with which the mouth is washed out. The pathogenesis of borax has: aphthæ, red vesicles on the tongue, shrivelling of the mucous membrane of the palate, crying as from pain while taking the breast; livid complexion, refusing the breast, anxious starting during sleep, &c. All these symptoms show the homœopathicity of borax in this disease, and a few doses, even if very minute, will be found sufficient to cure it.

Next to *Borax*, *Acidum-sulphuricum* 30th, is an excellent remedy and has been employed by me in many cases even in preference to *Borax*. *Borax* seems to be especially indicated by aphthæ with dry heat, but when the aphthæ are confluent and there is ptyalism, *Mercurius-solubilis* is to be preferred. This remedy is likewise indicated when there is a syphilitic taint; in such a case the aphthæ spread more rapidly, invading the tonsils, fauces and larynx; they penetrate more deeply, ulcerate, have a disagreeable smell, the voice becomes hoarse, the child grows thin and weak, and hectic fever threatens to destroy the patient's life.

*Borax* and *Mercurius*, together with *China*, *Chamomilla* and *Dulcamara* for some of the secondary affections, such as diarrhœa, icteric complexion, rapid failing of strength without any adequate cause, seemed at first to cover the whole ground in this affection. But I found that the local symptom was sometimes left unchanged by these medicines, and the homœopathic treatment of aphthæ continued more or less imperfect in my hands, until I was induced, by study and observation, to employ *Acidum-sulphuricum*. I knew that vegetable acids had been recommended by authors for this disease, and that diluted Sulphuric-acid was used for sphacelous aphthæ. These facts induced me to dissolve one or two drops of the acid in an ounce or an ounce and a half of water, and to give the child a small tea-spoonful of it, sweetened with a little raspberry-syrup, every three or four hours, according as the symptoms were more or less violent. I have continued this mode of treatment until the present time, and have derived more satisfaction from the use of *Acidum Sulphuricum* in aphthæ than from any other remedy. The reason why it acts so beautifully in aphthæ, is probably its curative influence over the psoric miasm from which the aphthous process seems to emanate. If this acid should, however, leave the cure incomplete, a few globules of *Sulphur* 30th, will achieve the

business. Sulphur is indicated by the following symptoms: Aphthæ accompanied by vesicles and blisters in the mouth and on the tongue, with a disagreeable, sour smell from the mouth and discharge of a bloody saliva; thick whitish or brownish, aphthous coating on the tongue; slimy, greenish stools, with a good deal of pressing on the rectum and crying; various eruptions on the skin, rhagades in the bends of joints, soreness at the anus, rash, restlessness at night. The rhagades are frequently cured by *Acidum-sulphuricum*, or by *Hepar-Sulphuris* 12th, or a higher attenuation.

If there should be a syphilitic dyscrasia, and Mercurius should not have removed the disease; if the ptyalism should have a bad smell, and be of a corrosive nature, causing fresh ulcers to break out on the chin or cheeks; if pustules surrounded by red areolæ should break out on the body, leaving cicatrices, and new pustules should be breaking out in other parts as the former desiccate, no medicine will do more good than *Acidum-nitrium* 30th, which may sometimes be followed by *Tartarus-emeticus* 12th, or a dose or two of this substance may be interpolated while the Nitric-acid is used. Beside these remedies for a syphilitic dyscrasia, *Acidum-sulphuricum* and *Sulphur* may likewise be employed, together with the remedies which we are going to describe.

If the disease should assume a dangerous form or partake of the character of stomatitis, with constipation, putrid appearance and odor of the gums, fœtid ulcers or pimples, and painful vesicles in the mouth, on the gums, palate, tongue, with pale face, hollow eyes, emaciation and capricious disposition, *Nux-vomica*, 30th, may not be inappropriate. Should *Nux* leave this condition unaltered, *Carbo-veg.* 30th, may be exhibited, especially when the mouth is very hot, the tongue is less moveable and a sanguineous saliva is discharged every now and then.

*Staphysagria* 30th, may likewise prove serviceable

when the aphthæ are liable to bleeding, and there are spongy excrescences on the gums and in the mouth, with ulcers in the mouth and at the tongue, vesicles under the tongue, discharge of bloody saliva, sallow complexion, sunken cheeks, hollow eyes, surrounded with blue margins, and occasionally a swelling of the cervical glands. *Arsenic* 30th, is indicated for a similar group of symptoms as Staphysagria. This is the most distinguished remedy in the most dangerous form of stomatitis, when the whole organism seems to feel the presence of the disease, and when sphacelous ulcers, hectic fever, and general prostration are the characteristic symptoms. If it be at all possible to save life under these circumstances, *Arsenic* is the only remedy that is capable of accomplishing such a result.

---

## CHAPTER XX.

### BLEPHAROPHTHALMIA NEONATORUM, CHEMOSIS SEU TARAXIS NEONATORUM, (INFLAMMATION OF THE EYES AND EYELIDS OF NEW- BORN INFANTS.)

At first the eyelids and their conjunctiva are alone affected, and it is only when the disease lasts a long time and is improperly treated, that the eyeball is likewise invaded. Unless the disease is stopped by suitable means, it will terminate in obscuration of the cornea, suppuration, adhesions and destruction of the eye.

The English oculist James Ware, is the first who in his "Remarks on the ophthalmia, psorophthalmia and purulent eyes of new-born children," has furnished a correct and careful description of this disease. He called it "purulent eye," and it is even now known under the denomination of "purulent ophthalmia of new-born infants.

The disease commences a few hours, or several days or

even six weeks after birth. Generally it is on the 7th day after birth that the margins of the eyelids become red, the eye seems to be excessively sensitive to the light, for the child closes it spasmodically and only opens it in the dark. The upper lid is generally redder than the lower, the latter being invaded only as the disease progresses, after which the eyelids swell, the Meibomian secretion increases, and the lids become agglutinated. At a certain stage of the disease, and especially when both eyes are affected, the conjunctiva of both lids swells up considerably and assumes a dark-red appearance. If a thin, serous fluid should be discharged, the destruction of the eye is to be apprehended, whereas an oozing of blood from the lids is generally followed by an abatement of the inflammation. The discharge gradually thickens, becomes yellow and purulent. If the conjunctiva of the eyeball should be involved in the inflammation, heat, fever, pain and an evening-exacerbation set in, the eyeball is invaded by the disease, the cornea becomes inflamed, thickens and ulcerates; the pupil contracts, the iris is likewise affected, protrudes through a cornea, forming a staphyloma. Finally, the whole eyeball collapses and seems to have become converted into a mass of pus. Happily the whole eyeball is rarely involved, especially when the accumulated fluid is discharged and the eyes are opened from time to time. If the disease should be confined to the eyelids, the purulent secretion is gradually lessened, all the morbid phenomena disappear one by one, the child first opens its eyes in the twilight, and the eyelids gradually resume their normal shape and appearance.

As the disease progresses, the general constitution of the child is affected by it; the children become restless, cry a good deal, lose their appetite and sleep, and grow thin. In weakly, scrofulous, cachectic children the disease runs a slower course, and a variety of morbid phenomena make their appearance, without the disease ap-



pearing to be the direct cause of this general disturbance of the constitution.

In some cases the eyelids become hard, swell up as far as the orbital arch, are hot and almost erysipelatous; as the disease progresses, the conjunctiva of the eyelids becomes bloated, lead-colored, and sometimes discharges a little blood, after which the inflammation and swelling abate. If the disease should be complicated with syphilis, the bulb of the eyes is affected by the disease, the sclerotica becomes blood-red, the cornea is dimmed by an infiltration of pus between its lamellæ, which gradually penetrates to the anterior chamber, causing the eye to break, in consequence of which the aqueous humor escapes and the crystalline lens is likewise lost.

Among the *sequelæ* the principal are: eversion of the eyelids, chronic epiphora, unusual redness of the conjunctiva palpebrarum; atrophy of the globe of the eye, adhesions of the iris and cornea, or lenticular capsule, distortion of the pupils, and staphyloma.

The disease may last from 7 days to 3 or 4 weeks, and may even become chronic. Its duration depends a good deal upon the constitution of the patient; in children with feeble, cachectic and scrofulous constitutions the disease runs a longer course than it does in otherwise healthy children. Atmospheric influences determine in some measure the course and character of the disease.

*Etiology.*—The following circumstances and influences are known to have a tendency to cause this disease: an epidemic state of the atmosphere, excessively bright light in the first days after birth, impure air in damp and cold dwellings, dust, vapor from washing tubs, smoke, vitiated exhalations (in foundling-hospitals); fluor albus of the mother, neglect in washing the eyes and body; keeping the face too warm by excessive covering, meconium, hereditary scrofula or syphilis.

In hospital-practice the disease is frequently dangerous in consequence of the syphilitic dyscrasia with which



it is often complicated, and which it is sometimes impossible to diagnose from the first. In private practice, when the physician is called in the commencement of the disease, and a proper treatment is instituted as soon as the first symptoms of the disease make their appearance, the prognosis is generally favorable.

#### TREATMENT.

The preventive treatment consists in not exposing the children to bright light, during the first days after birth, in washing their eyes frequently and with care, in keeping the children clean, giving them pure air, and getting rid of the meconium.

Among the curative means to be employed, the frequent bathing of the eyes with lukewarm milk and water, using a soft sponge or a little soft linen for this purpose, should not be omitted. Among the remedies to be used in this disease, the principal one is *Aconite* 30th, a few globules to be dissolved in water, and half a teaspoonful to be given every 2 or 3 hours. This medicine may not only be used in the beginning of the disease, but also at a later period, when the lids are red, hard, swollen and tense. *Aconite* frequently relieves with surprising promptitude the intense pain which the infant expresses by its constant moaning and crying, twisting the body, sleeplessness. For the excessive secretion of mucus a small dose of *Sulphur* or even *Hepar-sulphuris* may be given after the *Aconite*. If this treatment should not effect a complete cure, *Calcarea-carbonica* 30th, will certainly do it. In more complicated cases other medicines may have to be resorted to. It is sometimes very difficult to ascertain the extent of the disease, and to determine, for instance, whether the globe of the eye is invaded or not; for the child is scarcely ever willing to open the eyelids, and, if it do, the eyeball is turned upwards, and all that can be seen is a slight redness of the sclerotica, the cornea being hidden entirely behind the

upper lid. In such a case it is well to give a small dose of *Belladonna* after the Aconite, which will sometimes be sufficient to arrest the progress of this dangerous inflammation and thereby to save the eyeball from destruction. If the inflammation should have abated under the use of Aconite and Belladonna, a few doses of *Mercurius-solubilis* may have to be given to control the excessive secretion from the mucous membrane and the Meibomian glands. Before proceeding any further, I will advert to *Ignatia* 12th, which may sometimes have to be given when Belladonna seems to be likewise indicated, though the action of Ignatia, in this disease, is not near so intense as that of Belladonna. *Mercurius-solubilis* 12th is the best remedy when the ophthalmia is accompanied by a general cachexia, cutaneous affections, ulcers around the eyes, &c. But not only when the ophthalmia had been caused by an ordinary leucorrhœal discharge, irritating the eyes of the child during its passage through the vagina, but also when there is a syphilitic taint, *Mercurius* is the principal remedy. And this remedy should be given without loss of time, or else the disease might gain the upper hand and destroy the eye. According to an experience of many years, I am able to affirm with positive certainty, that the high attenuations of *Mercurius* act better in this disease than the lower triturations, which have to be repeated more frequently, whereas a single dose of a higher potency frequently neutralizes the very germ of the disease. If the homœopathic physician should be called after the Mercury had been used in massive doses by some allopathic physician, and the symptoms should indicate a complication of mercurial and natural disease, *Hepar-sulphuris*, third trituration, is to be exhibited, after which *Nitri-acidum*, *Belladonna*, or *Sulphur*, or perhaps *Thuja*, *Dulcamara*, *China*, *Lachesis* or some other remedy may have to be given. In a purely syphilitic form of this affection, *Mercurius* has always sufficed in my hands to effect a cure, after which a dose

of *Sulphur* or *Dulcamara* may have been necessary to control the excessive secretion of mucus.

If, in a case of uncomplicated ophthalmia purulenta, all the above-named remedies should seem insufficient to effect a cure, the physician will do well to make a strict inquiry into the circumstances of the case, and he will find that the difficulty arose from some permanently-recurring exposure to cold, bad diet, &c. After enjoining strict attention to his instructions, he may, in some cases, be obliged to give a dose of *Dulcamara*, *Euphrasia*, *Nux-vomica*, *Chamomilla* or *Pulsatilla*, according as either one or the other of these remedies is indicated by the symptoms.

It is needless to augment the list of remedies which I have indicated for this distressing malady. If the physician be thoroughly acquainted with their physiological action he will find that there is scarcely a case of purulent ophthalmia that will not yield to their action. Nothing is more dangerous in homœopathic practice than a half knowledge of many remedies. It is well known that our best and most successful practitioners use but few medicines in their practice, and that the lamented *Hornburg*, for instance, whose great success in curing disease constituted a theme of universal admiration, confined himself to a very small number of drugs.

---

## CHAPTER XXI.

### MORBUS CÆRULEUS, CYANOSIS CARDIACA (BLUE DISEASE).

This disease is not strictly speaking, an idiopathic disease, but a mere symptom. The cyanosis proper, which is a disease of infants, is characterized by a blue color of the face, sexual organs, tips of the fingers and nails, and, in most cases, breaks out shortly after the birth of the

infant, sometimes in a few days. The blue-livid color is most distinctly perceived on the lips, in the buccal cavity, on the eyelids, nose, hands and feet, and becomes more marked during a rise of temperature, when exerting the muscles or lungs, and especially when the infant cries or draws the breast. During this exacerbation of the cutaneous symptoms the extremities are cold, the beating of the heart and the pulse are irregular, the former being sometimes very tumultuous, accompanied with a buzzing noise and the bellows' murmur; the child frequently faints away, or is attacked by suffocative paroxysms; and the least bodily exertion is followed by a labored, panting respiration, bloating of the face, protrusion of the eyes, and a tremulous, intermittent pulse. Such paroxysms sometimes last a couple of hours, and are terminated by a deep, sobbing inspiration, after which the breathing gradually becomes easier, and the blueness is confined again to the previously-mentioned localities. However, the child remains chilly, languid, its motions are devoid of energy, the skin looks flaccid, the face bloated, the voice is hoarse, and the features are expressive of a deep-seated, internal disease. The more frequent such paroxysms, the more dangerous they are. Cyanotic children cut their teeth slowly and with difficulty. On account of the necessity to draw a long breath, their sleep is frequently interrupted; they have a good appetite; the alvine evacuations, and the cutaneous and urinary secretions are limited. At a later period of the disease, fainting fits, hæmorrhages from the nose, lungs, bowels, &c., and dropsical symptoms, as in other organic affections of the heart, make their appearance.

To furnish a detailed description of the various malformations occurring in this disease, would extend the limits of this work beyond the plan which I had originally proposed to accomplish. Some of the most common malformations are the following: the foramen ovale in the inter-ventricular septum is not closed, the aorta arises

from the right, and the pulmonary artery from the left ventricle, the ductus arteriosus Botalli remains unclosed, &c. Some authors allege a peculiar cyanotic habit, such as : imperfect development of the body ; long, broad, bulbous phalanges, especially the first, considerable arching of the nails which are all the time blue, relaxed muscles, scanty growth of hair. These symptoms are, however, not permanent, for individuals with cyanotic malformations sometimes have a robust frame, and bulbous fingers may likewise indicate the presence of pulmonary tubercles.

*Causes.*—The proximate cause of the disease is generally the non-closing of the foramen ovale and the ductus arteriosus Botalli, the pulmonary artery being generally contracted. This disease sometimes exists in several children of the same mother ; the male children are more liable to it than the female. The disease when latent, may be roused and brought to the light by physical exertions, by a violent action of the respiratory apparatus, or it may develop itself during the period of dentition, at the age of puberty, during a fever, catarrh, whooping-cough, in consequence of a shock or blow on the chest, of an exanthem, &c.

*Terminations and prognosis.*—It is doubtful whether this disease has ever been cured, but it does not seem impossible that the above-mentioned openings might be closed some time after the birth of the child. As a general rule, cyanotic patients die at an early age, frequently shortly after birth ; and even, if the child should live, there is constant danger of the disease being roused by one of the aforesaid causes. Very few individuals who are afflicted with cyanosis, attain the age of forty or fifty ; male patients die sooner than female, and there likewise occur more deaths during winter than during warm weather. The greatest danger resides in the frequent and violent paroxysms of suffocation ; death may

likewise be caused by hemiplegia and pulmonary hæmorrhage.

#### TREATMENT.

Although we might infer, from the foregoing remarks, that the treatment of this disease promises very little success, yet the fact that some cyanotic individuals attain a tolerably advanced age, would seem to enjoin upon the physician, and especially the homœopathic practitioner, the duty of attempting a cure, at any rate. And, even, if he could do no more than to save a few additional lives, this would be a sufficient reward for his endeavor. I have had the happiness to preserve, so far, several such patients, two of whom were treated ten and thirteen years ago. It is true, the purring in the region of the heart is observable, and after an emotion or a physical exertion, the respiration becomes somewhat shorter, but the suffocative paroxysms and the cyanotic tint have disappeared, the children are in bright spirits, and the temperature of the skin is normal. Only I would caution the homœopathic physician to commence the treatment of such a disease with perfect composure and neither to allow himself to paralyze his judgment by over-rating the danger, nor, by under-rating it, to be carried away by sanguine expectations. Only very few diseases can be cured by one single remedy, and it is, therefore, unreasonable to expect a certain and infallible cure after the exhibition of a so-called specific. Older physicians, especially, should abstain from boasting of being in possession of specific remedies for particular diseases; younger physicians must inevitably be injured by such unwarrantable proceedings.

As regards the malformation itself, it is scarcely necessary to observe that this cannot be removed; but exciting causes, which have a tendency to rouse the disease, can be avoided; the further development of the organic disease can be arrested, and the suffocative paroxysms



which are occasioned by an excited state of the respiratory or circulatory apparatus, or else by impediments to the circulation, can be delayed. Hence it is of the utmost importance to keep the children quiet; they must be put on a mild, nourishing diet, all overloading of the stomach, and all stimulating food or drink, must be avoided, also at a later period. The bowels should not only always be kept open, but perfectly easy, and it is much better to resort to an injection of tepid water than to allow much pressing at stool, by which means the cyanotic symptoms might become roused. In the meanwhile we may endeavor to regulate the bowels by a dose of *Bryonia* 12th, *Opium* 12th, or *Nux* 12th; these remedies may likewise incidentally contribute to diminish the more essential symptoms of the disease. For the purpose of making a purer, and more perfect arterial blood, the child should be kept in a pure, warm, dry air, be dressed warmly, and be otherwise kept warm, by means of friction and warm baths.

From the moment a physician is fully acquainted with the nature of the case he is requested to take charge of, the course of treatment he intends to pursue generally looms up in his intellectual vision. In the course of a cyanotic disease, however, sudden paroxysms of fainting or asthma frequently make their appearance, which seem to require an exceptional treatment. But in all such cases, the homœopathic physician who is thoroughly competent to practice his art, will select a remedy that shall not merely palliate the sudden outbreak, as do palliatives in the ordinary acceptation of the term, but that shall at the same time exercise a curative influence over the organic disease, and successfully carry the little patient through this dangerous crisis.

These sudden paroxysms are frequently controlled by a few mesmeric passes over the head and chest of the little patient, and which may be repeated if the case should require it; frictions with warm flannel, warm

poultices to the soles of the feet, sprinkling the chest and face with fresh water, and keeping the child quiet in its little bed, are likewise available means to suppress the attack. As regards the selection of remedies, we should principally look to such agents as are capable of causing asthma and fainting, by exciting a sudden rush of blood to the thoracic organs. Our physiological provings leave us here somewhat in the dark, and we have to resort to analogy and empiricism to obtain a gleam of light in this matter. If we will likewise allow ourselves to be somewhat guided by the general phenomena of a cyanotic habit, it would seem as though the medicines which contain *prussic acid*, and more particularly this acid itself, and the *prunus laurocerasus*, must be principally adapted to the character of cyanotic diseases. In the few paroxysms in which I have used these remedies, they have effected much good. I gave the third attenuation, a small portion of a drop every five to eight minutes, though higher attenuations may perhaps prove still more efficacious. *Opium* 6th, might likewise be indicated during a paroxysm, if the livid color should be accompanied with tumefaction of the face, rattling breathing, irritation as if the patient would cough, sopor.

After the cessation of the paroxysm a more penetrating remedy may be employed, which will generally be *Digitalis-purpurea* 12th. This medicine should certainly be employed, if children cannot be turned in their beds or moved suddenly, without causing them to faint, or nearly so, which is generally accompanied by an inclination to vomit. *Digitalis* has, moreover, chilliness, coldness of the extremities, blue color of the skin, especially of the eyelids, lips, tongue, nails; an unequal, irregular pulse which is at times quicker, at others slow. *Digitalis* seems to be more than any other remedy, adapted to cyanosis, and even though we should not be able to effect a cure by means of this agent, yet we may

expect to palliate the disease. Whether, in this affection, the higher attenuations of *Digitalis* are preferable to the lower, I am unable to determine; but I incline in favor of the former. Next to *Digitalis*, I recommend *Lachesis* 30th, and *Sulphur* 30th. If no new paroxysm should occur, all we can then do, is to use the last named remedies for the purpose, if possible, of anticipating another attack, always taking care to vary our remedies in order to prevent any single one of them from losing its power over the organism, and its capability to excite the desired reaction.

There is another variety of cyanosis which is not characterized by sudden paroxysms of suffocation, but by hæmorrhage from nose and mouth, and is very apt to terminate fatally. Frequently without any apparent cause or after an apparently ordinary attack of crying, the child turns blue and red in the face, especially about the lips and in the mouth, faints and loses its consciousness, the blood is discharged from the mouth, and the blood which reenters the chest excites a continual desire to cough; the blood is at first dark, it gradually becomes more fluid, watery, the symptoms of collapse become more and more apparent, and death seems to be imminent. In such a case, the first thing to be done is to arrest the hæmorrhage by any means at our command. We may dip a little sponge in a mixture of white wine and water, or of water and vinegar, or ice and water, and frequently hold it under the child's nose or to its mouth. At the same time we should give *Arnica* 1st, two or three drops in an ounce of water, a teaspoonful every five minutes. Instead of the former mixture, this solution of *arnica* may likewise be employed externally, if the wine or vinegar and water, should not be deemed advisable. If there should be no improvement in a few minutes, the internal use of *Arnica* is entirely useless, though we may continue its external application. If there should be a good deal of vascular excitement, heat,

dryness of the lips, *Aconite*, and perhaps *Belladonna*, might prove useful. It is probable, however, that *Aconite* will effect more good, if given from the first, previous to the *Arnica*. Afterwards the general collapse, the coldness, the wax paleness of the skin demand the exhibition of small doses of *China*. *Secale-cornutum* 12th, is an excellent remedy in a case of the above description, especially when spasmodic twitchings and contortions of the limbs, sudden cries, increased temperature of the body, characterize the attack. *Crocus* and *Bryonia*, may likewise be available remedies in such an occurrence, but the physician will have to depend upon his own tact and judgment for the particular indications. It is doubtful whether the color of the blood can be regarded as a guide in the selection of a drug.

The same remedy which had controlled the paroxysm, may afterwards be continued for a time, but at longer intervals. Afterwards the above mentioned anti-cyanotic remedies may be administered, to which may be added *Carbo-veg.*, *Phosphorus*, *Phosphoric-acid*, *Sepia*, particularly when the paroxysm was characterized by profuse hæmorrhage.

---

## CHAPTER XXII.

### DYSPEPSIA NEONATORUM, GASTROATURIA, INDIGESTIO, (DERANGEMENT OF THE GASTRIC FUNCTIONS OF NEW-BORN INFANTS.)

Strictly speaking, dyspepsia or gastric derangement is a symptom which is present in a good many diseases. In the infantile age, gastric derangements are quite frequent, and I will, therefore, endeavor to enumerate the different forms thereof, together with their appropriate homœopathic treatment in regular order. Such derangements occur most frequently among children, who are

brought up by hand, and whose food is not selected or prepared with sufficient care. Even the milk of nurses, when not of recent date, may prove injurious; such milk may be too fat and too heavy for the child's stomach. I will endeavor to classify the symptoms of the different varieties of gastric disturbance, under particular heads, in order to be enabled to indicate the homœopathic remedies with so much more precision; but the reader must not expect that he will find nature as kindly disposed towards him as I may feel. At the bedside the various symptoms are frequently mixed up in beautiful confusion, and the treatment will have to be modified accordingly.

*a. Flatulence, Colic.*

These are generally the first symptoms of indigestion or weak stomach, and we notice them even in the smallest children. These flatulent complaints are of various kinds; the children roll their eyes during sleep, distort their features, though at first they do not wake, but continue to sleep, though it is an uneasy sleep; suddenly they commence to cry at intervals, they twist their bodies, draw up their legs, kick with their feet; the subcostal region begins to swell up, rendering the breathing oppressed and anxious; the child is deprived of sleep and rest, and it even lets go of the mother's breast, and nothing will appease it; the crying is sometimes so violent that the face turns of a purple hue, and the child trembles all over; the abdomen feels distended, there is a rumbling in the bowels, and the child has no ease until it passes a little wind; but after a while the former condition recurs, and sometimes so violently, that the child seems to be in the greatest anguish and a cold sweat breaks out, during which the child, as if utterly prostrated, begins to dose. Although the abdomen is rather sensitive to contact, nevertheless the child obtains relief from gentle frictions of the abdomen with warm flannel, by which means the emission of flatulence is facilitated.

The passages are generally greenish and have a sour smell. The pains seem to be lessened by carrying the child about in a sitting posture, whereas, a recumbent posture aggravates them, and unless relief is afforded speedily, spasms and convulsions set in.

For a speedy removal of this distressing condition, it is important to be acquainted with the cause that occasioned it. Most frequently the disorder originates in a cold; or it may originate in some sudden and violent emotion of the mother, such as chagrin, grief, anger, &c.; or in the abuse of that most fashionable beverage, chamomile-tea; or a confined state of the bowels or improper and heavy food may have caused the disease.

As regards the homœopathic treatment of this disorder, it is well known that *chamomilla* is an admirable remedy for flatulent complaints of children. All nurses and aunts knowing this, imagine that on this account, chamomile-tea and chamomile fomentations may be given, the more the better, not imagining that the excessive use of this drug can do harm. If the excessive use of chamomile should have caused the disorder, one or two very small spoonfuls of coffee without milk, sweetened with sugar, will afford the necessary relief, especially if the violent pains should be of a maddening nature and be attended with fever. Or in the absence of coffee, the physician may resort to a few globules of *Coffea* 3d, which will sometimes act better than coffee. If the pains and the excessive use of chamomile, should have led to spasms and convulsions, one or two globules of *Ignatia* 12th, every half hour, may be exhibited. If the colic should be accompanied by nausea, vomiting and diarrhoea, *Pulsatilla* 12th, deserves a preference over the above-mentioned remedies, whereas *Nux-vomica* 30th, should be substituted for the *Pulsatilla*, in case the bowels should be bound.

If the mother should have experienced a violent emotion, she ought to wait some time before putting the



child to the breast, and even then some milk should first be drawn with a breast-pump. This rule is frequently neglected, and indeed cannot be followed if the mother should be constantly exposed to the effects of grief and care. In such cases it will happen that among a train of other symptoms, the above mentioned symptoms of gastric derangement make their appearance in the infant, and sometimes rise to a dangerous height. If a sudden fit of anger or chagrin in the mother should have induced the disturbance in the child, and flatulence, diarrhœa, shortness of breath, or even suffocative phenomena and convulsions should develop themselves, attended perhaps with fever, redness, bloating of the face; a single dose of *Chamomilla* 12th, will sometimes effect a complete restoration of the child's health. If the mother should already have drugged herself with chamomile-tea to neutralize the consequences of her excitement, and the gastric derangement of the infant should be accompanied by great nervousness, *Coffea* 6th, should be exhibited. Beside these two remedies we may have to consider *Bryonia*, *Ignatia*, *Colocynth* and *Staphysagria*. A sudden joy or a sudden fright of the mother may likewise be the cause of some serious gastric disorder in the infant, the symptoms of which may seem to indicate *Chamomilla*. But this is not the remedy for such a condition, but a small dose of *Aconite* will remove the trouble quite speedily. It may be necessary to repeat this medicine, or if the nervous system should be very much excited, to follow it up with a dose of *Coffea* 6th. Instead of *Coffea*, *Opium* 6th, will be found more suitable, especially if involuntary stools, and a soporous condition with difficulty of breathing should accompany the dyspeptic phenomena. Grief and sadness on the part of the nursing mother will inevitably injure the child's digestive system. *Ignatia* 12th, is a specific remedy for the consequences of this silent grief, provided always that it ceases to exist. Even vomiting, convulsions,

and epileptic paroxysms will yield to Ignatia, when occasioned by this cause. If Ignatia should not be sufficient to remove the disturbance, *Acidum-phosphoricum* 12th, may be exhibited, especially when a slow fever has supervened. *Colocynthis* 30th, is another remedy for this affection, which will, however, be required but in very few cases, as the foregoing medicines are generally sufficient.

If the flatulent condition should have resulted from a cold, *Chamomilla* will be found an excellent remedy for such symptoms as have been described in the foregoing paragraphs. Sometimes one dose will be sufficient, in other cases the medicine may have to be repeated every two or three hours. If the gastric symptoms be accompanied by painless diarrhoea, *Dulcamara* 6th may be preferable to *Chamomilla*. If the children should cry uninterruptedly, twist themselves, draw up their legs, &c., a single dose, or, if necessary, several doses of *Colocynthis* are the most appropriate remedy. If *Colocynth* should prove ineffectual, and there should be great restlessness, tossing about, colic, *Jalappa* 3d, may be resorted to. For flatulent colic with violent crying, vascular excitement, sleeplessness, I have found *Senna* 3d, useful.

These few indications will be sufficient to convince the beginning practitioner that it is not such an easy thing to be a successful physician of children, and that it is absolutely necessary to prescribe a remedy that shall exactly respond to the internal nature and external form of the disease, if he expects to perform a brilliant cure and to enjoy the consciousness of having relieved the sufferings of the most beautiful and most interesting portion of humanity.

New-born children will sometimes cry a good deal without any apparent cause. This is frequently owing to excessively-tight bandaging, or they feel too warm, or a pin pricks them, or there is some other cause in existence which should be investigated and removed. Some-

times, however, children will cry day and night for weeks, without any cause being discoverable. Under such circumstances *Chamomilla* 12th, or *Belladonna* 30th, will stop the crying, sometimes after a single dose. *Chamomilla* should always be tried first. It will frequently happen that the child's sleep is disturbed by some accidental cause and that it will become restless and cry, and not be able to go to sleep again in spite of its weariness. *Coffea* 6th, will prove a real specific for this irritated state of the child's nerves.

Another trouble to which children are sometimes subject, is a sudden loss or stoppage of breath (liver-grown). This difficulty may arise from an inflammatory condition of the thoracic or superior abdominal organs. It may likewise be caused by an accumulation of wind in the stomach and the upper portion of the bowels, or by the presence of some other gastric derangement; or it may be an accompaniment of a spasmodic condition. Generally such a condition arises from a cold or from exposure to a sharp wind. The præcordial and subcostal region is so tight and swollen that external pressure causes anguish, shortness and even loss of breath. The child is very restless, twists about, first draws up its legs and then stretches them again with violence, and cries incessantly. A very small dose of *Chamomilla* removes the difficulty. Rubbing the swollen parts gently with the palm of the hand, facilitates the cure; but the thumb should not be used for this purpose, as coarse nurses will sometimes do.

### b) Constipation of Children.

Children who are brought up by hand, are very often subject to this difficulty, especially when they have not a sufficient amount of liquid food given them. This is generally the principal cause of the difficulty, though it may likewise arise from debility of the intestinal canal,

spasm, congenital stricture of the bowels, or from the habitual costiveness of the mother.

Constipation is generally attended with other symptoms, such as: distention of the abdomen, the child becomes restless, cries a good deal, breathes heavily, refuses nourishment, and finally symptoms of impending convulsions set in. In many cases constipation is followed by jaundice, or by some fever or inflammatory condition, the termination of which may be very uncertain. This is the reason why constipation, during the period of dentition, should not be overlooked, lest colic, hernia, intussusception or inflammation of the bowels should result from it.

#### TREATMENT.

Though simple constipation, uncomplicated with any other disease, is easily remedied, yet it behooves us to inquire carefully into the probable cause of the difficulty. But, be the cause what it may, the physician will do well to prescribe an injection of tepid water, by which means the difficulty will sometimes be removed in twenty-four hours. If, in the mean while, we alter the child's diet in a suitable manner, and give another injection at the end of twenty-four hours, a complete cure will sometimes be effected by such simple means. It is erroneous to suppose that a few tepid injections will weaken the child's bowels. On the contrary I have removed more cases of constipation by this simple treatment than by the use of medicines, and more particularly when the little patients had been drugged by allopathic physicians for this very trouble. However, should the torpor of the bowels not yield to such simple means, the following medicines may be resorted to.

Our principal remedy for constipation is *Nux-vomica* 30th. It not only responds to the exciting cause but also to the gastric derangement which generally accompanies the constipation and is characterized by loss of appetite,

inclination to vomit, distention of the bowels, disturbed sleep, shortness of breath, restlessness, frequent and ineffectual urging to stool. If Nux should not be sufficient, a dose of *Bryonia* 18th, may be given as an intermediate remedy, after which the Nux may be repeated. If the symptoms should indicate Nux, except there should be a perfect absence of all indications for stool, and the bowels should be perfectly torpid, no medicine will be found better adapted to such a condition than *Opium* 6th, which may have to be repeated.

If Nux left me in the lurch, I have sometimes given *Platina* 6th, with a good deal of success, especially when the fæces had to be pressed out in small, hard lumps, and the passage of the same had to be facilitated by manual interference. If *Platina* should likewise prove insufficient to afford permanent relief, one or two globules of *Lycopodium* 30th, will be the next best remedy. It not only relieves the obstinate constipation, but likewise the painful urging which, to judge from the expression of pain and anguish in the child's features, amounts to a perfect tenesmus. Obstinate constipation can scarcely ever be relieved without *Lycopodium*, but it has to be used in the 30th attenuation. Lower preparations will not answer, as I can positively affirm from experience. I too have long doubted the correctness of Hahnemann's assertion that the lower preparations of *Lycopodium* are comparatively inefficacious, until years of experimenting and many painful disappointments have finally convinced me that, in the present disorder, the 30th potency of *Lycopodium* is alone capable of exercising a curative influence over the disease. *Lycopodium* should be allowed to act for four days at least, during which period a few injections of tepid water and a few powders of sugar of milk may be given to quiet the parents or relatives. At the termination of this period the symptoms may have taken such a favorable turn that the parents may be content to let nature have its course, or it may be necessary to fol-



low up the treatment with a dose of *Veratrum* 12th, especially when not so much the bowels, as the rectum seems deficient in peristaltic motion, a deficiency that may sometimes border on paralysis. If, contrary to our expectations, neither of the aforesaid remedies should be able to procure relief, *Sulphur* and *Alumina*, both in the highest attenuations, may accomplish a cure.

#### NOTE ON CONSTIPATION BY DR. HEMPFL.

There are two remedies which Hartmann has forgot to mention and which certainly are of inestimable value in this sometimes most distressing affection ; they are *Aconite* and *Mercurius*. Constipation frequently depends upon a torpid condition of the liver, and no medicines are more capable to stimulate the liver into a healthy action than these two agents. Or constipation may be a precursory indication of an impending bilious congestion, or a bilious-inflammatory state of the bowels (itself depending upon a torpid condition of the liver), and then again *Aconite* and *Mercurius* are the principal and indeed the sole remedies. *Aconite* is more particularly indicated by the following symptoms : Bilious complexion, loss of appetite, furred tongue, dry mouth and lips, thirst, pappy taste, fulness about the head or headache, dizziness, rush of blood to the head, oppression of breathing, distended bowels which feel hard and are sometimes sore and tender ; the urine has a foetid smell and a dark-brown or deep-yellow tint, depositing a blood-colored sediment on the sides and bottom of the vessel ; if any fæces are passed, they look black and as if burnt ; the skin has a livid or yellowish color, it feels dry and, at intervals or in particular places, dead or numb ; there is no fever, but the patient complains of feeling cold or chilly ; the pulse is small, thin and fluttering, or else full, heavy, slow. Such a condition may arise in full-grown persons as well as in children, either primarily or as a consequence of violent allopathic treatment for liver-complaint, bilious dyspep-



sia, &c. I have frequently relieved it with a dose or two of the 12th or 18th attenuation of Aconite, one single dose sometimes producing several easy stools in rapid succession, after the bowels had been perfectly torpid and almost deprived of all sensation for more than a week.

Aconite is likewise the specific remedy for an obstinate and sometimes dangerous constipation induced by a sudden and violent suppression of diarrhœa by an overdose of laudanum. It will either restore the diarrhœa or else correct the whole condition of nervous prostration of which the diarrhœa was a characteristic symptom, and which might have been induced by a cold, a sudden emotion, &c.

We are sometimes called to patients who had been treated allopathically for some acute inflammation of the lungs, bowels, rectum, &c. They complain of obstinate constipation, especially after the allopathic treatment of an acute diarrhœa or inflammation of the abdominal organs, especially the liver and intestines. Chronic constipation is very frequently, and, if the patient should be constitutionally feeble, invariably the result of the so-called antiphlogistic and revulsive treatment of these inflammations. There is no medicine that will prove as effectual for the removal of this troublesome condition of the system as the judicious and persevering use of Aconite in different attenuations, assisted now and then by the use of a watery injection.

*Mercurius* is indicated by symptoms which are somewhat similar to those that point to Aconite. If the direct symptoms leave one to hesitate between Aconite and *Mercurius*, we have sometimes to derive our therapeutic indications from collateral phenomena or from an inquiry into the general relation of *Mercurius* or Aconite to the constitutional habit of the patient. Thus for instance we may have ascertained that a cold generally affects the patient in a manner which distinctly and unequivocally points to *Mercurius*, as by some of the following symp-

toms : soreness of the throat, with difficulty of swallowing saliva, irritation of the salivary glands with profuse flow of watery saliva, creeping chills or coldness, warmth in the palms of the hand, dry skin, sallow complexion, sour-smelling perspiration at night or in a warm room, &c. ; or we may have learned from other circumstances peculiar to the patient that Mercurius is one of those remedies which seem to suit his constitution better than any other, and, therefore, as a general rule, and especially in all dubious cases, deserves a preference in the beginning of the treatment : in such a case, if the patient should be attacked with constipation of the bowels, for which no remedy should be ostensibly indicated, our first recourse should be had to what we knew from experience, was the natural prop of his constitutional vitality, in this case *Mercurius*. Or if the patient should have taken cold and, instead of affecting him in the usual manner, it should produce constipation of the bowels as the principal symptom, we would be naturally led to prescribe Mercurius. Mercurius holds the same relation to the mucous membranes that Aconite does to the ganglionic system of nerves. A congestion or inflammation induced by an irritation or rather a depression or torpor of the ganglionic system of nerves, yields to Aconite, whereas a congestion or inflammation induced by a primary depression or torpor of the mucous membranes is controlled by the action of Mercurius. The phenomena of the former are much more acute, and therefore more marked than those of the latter. Persons in order to be favorably acted upon by Mercurius, and in whose case Mercurius is to constitute a leading remedy for constipation, will, as a general rule, have to exhibit some of the following symptoms of constitutional irritation in the disorders to which they are habitually liable : Such persons are not generally troubled with headaches, rushes of blood, palpitation of the heart and other symptoms of vascular excitement ; but when they have an attack of headache,

it is generally accompanied by a jaundiced complexion, (even the whites of the eyes assume a yellowish tint), and by excessive sickness of the stomach, which the least attempt at intellectual labor increases to a violent and distressing vomiting of a bitter, yellow or greenish bile. Acids and spirits do not agree with them, these make them, what is termed bilious. Such persons take cold from the least exposure to damp or raw air, sharp wind, &c. ; they then feel tired, not sore, but stiff in the joints, or the muscles ache and feel weary ; they want to sit down or lie down all the time, and yet they feel better when they stir about ; they likewise feel better when taking exercise in the open air, but worse in consequence, after entering the room. A change in the weather from cold to warm, or damp and raw to fair, dry, calm and sunny weather always proves particularly agreeable to such patients. The salivary glands are generally irritated, inducing a flow of saliva ; the gums are liable to bleeding ; sometimes the teeth feel loose and elongated ; there is soreness of the throat, with elongation, swelling and inflammation of the uvula, difficulty of swallowing saliva, with constant urging to swallow and hawk ; the submaxillary glands are sometimes swollen and painful, but there is no throbbing in such swellings, which is always the case when Aconite produces a similar condition ; when there is cough, it is scarcely ever a hard and racking, but generally a superficial, hacking, slightly wheezing cough, either dry or resulting in the raising of a little tasteless or sometimes sweetish mucus ; the Schneiderian membrane likewise feels the effects of the catarrhal irritation, which does not amount to a stinging, but a sort of tickling resulting in frequent, though not unpleasant sneezing, with discharge of water and afterwards of a yellow, purulent matter from one or both nostrils ; if the bowels are affected, it may be either one way or the other, the motions may be either a little retarded or else the evacuations may be softer, or assume

even a diarrhœic form, in such a case generally attended with a little soreness and dampness at the anus ; generally the catarrhal irritation works off by the bowels in the shape of a rather acrid, bilious-looking diarrhœa ; the urine has a strong ammoniacal odor and a yellowish tint, but rarely, if ever, deposits a sediment. The patient complains of coldness and thirst, wants to be dressed warmly ; at night he feels much worse, drinks a good deal, and, if he perspires, the perspiration has a sour smell which is even communicated to the linen. In the daytime the skin of the body feels dry, or a little clammy. There may be other symptoms, such as : hoarseness, complete extinction of the voice, &c. Persons who, after taking cold, are habitually subject either partially or totally to the above-described group of symptoms, will find in *Mercurius* a specific remedy for constipation, provided, they should require any treatment.

*Mercurius* is likewise a specific remedy for habitual constipation arising from a deficient action of the pancreas. In such a case the fæces are generally of a large size, hard, of a dark brown greenish color, composed of a number of small balls, loosely adhering together, and sometimes encircled with a little glairy mucus ; they have scarcely any smell ; sometimes a few hard stools occurring at long intervals are followed by a soft, foul-smelling discharge of the same color as the former hard stool. This form of constipation is sometimes the consequence of an allopathic mercurial treatment, in which case the higher attenuations of *Mercurius* are more adapted to this condition than the lower triturations, though in some cases these may be given with advantage, in alternation with the higher attenuations of the drug.

My excuse for this lengthy note is the intrinsic difficulty of the homœopathic treatment of constipation, which renders it desirable that all those who have reflected on the subject, and are not content with a coarse routine treatment, should communicate their views and experience on this interesting subject.

*Diarrhœa of Children.*

This is a common affection among children, and is either with or without pain. When attended with pain, the children draw up their legs. An attack of diarrhœa is painless only when suddenly suppressed, or when its long continuance exhausts the strength of the infant.

Children are much more liable to diarrhœa than full grown persons, because the bowels of children are much more easily irritated. The attack may be caused by milk that had been vitiated by the improper diet, or by an emotion of the mother, or by a cold she took; or it may be caused by overfeeding, acidity in the primæ-viæ, sudden weaning, and adoption of an unsuitable diet; dentition is another cause of the diarrhœa of infants, which may likewise proceed from inflammation of the bowels.

The evacuations are frequently papescent, half-liquid, gray, ash-colored, resembling stirred eggs, greenish, slimy, sometimes of a dark-brown color, mixed with flocks, cheesy, having a very foetid smell. Sour-smelling stools have a yellowish gray color, they look like cheese or stirred eggs. The evacuations are sometimes accompanied by violent colic and tenesmus, which is the reason why the children cry at times and draw up their legs.

If the diarrhœa be occasioned by dentition, there is heat in the mouth, redness of the cheeks, drivelling, swelling and redness of the gums. This diarrhœa facilitates the process of dentition by drawing the blood from the head and spinal marrow, and by this means preventing convulsions. But if the diarrhœa should continue too long or should become too profuse, exhaustion and other symptoms may set in.

Children's diarrhœa may run a very rapid course either by coming to its termination in a few days, or by passing into inflammation and intussusception of the bowels, which is frequently met with in children, who die of this



disorder. Death ensues after the passage of watery, bloody stools, frequently with coma and convulsions, or serous effusion in the brain. Or the diarrhœa becomes chronic; aphthæ appear in the mouth, hectic fever sets in, and death ensues.

*Treatment.*—Diarrhœa infantum generally gets well of itself, and the physician is only sent for when the children grow thin or the disease lasts too long. If the physician can find out the cause of the disease, and it admits of removal, this should at once be effected. For a simple catarrhal diarrhœa, when the discharges are watery, or look like stirred eggs, the child cries a good deal, tosses about, draws up its legs and wants to be carried all the time, *Chamomilla* 12th, is generally efficient, provided it had not been used in the form of a tea, in which case suitable antidotes have first to be exhibited. It may be necessary to repeat this medicine, but not too frequently; it takes time for the disease to get well, just as well as it took time for the disease to develop itself. If *Chamomilla* should not help, *Mercurius-solubilis* may be exhibited, especially when the following symptoms are present. The diarrhœa is of rather long standing, the passages are watery, slimy, greenish, most copious at night, with a reddish tint, of the color of blood; the stools cause a soreness at the anus, with itching and burning, extorting cries from the child, and compelling it to rub the anus all the time; there is frequent, ineffectual pressing and urging, and from the expression of pain in the features, the twisting and crying of the child, we may infer that there is colicky pain. *Mercurius* is still indicated when after a long continuance of the disease, there is prostration, trembling, sweats; but if after a few doses of the 12th attenuation there should be no improvement, *Sulphur* 30th, may be substituted for *Mercurius*, even when sour-smelling stools and a striking emaciation are present.

*Rheum* 12th, is another excellent remedy in diarrhœa



infantum, and is indicated by the following symptoms : liquid, slimy, fermented stools having a sour smell, with frequent urging, tenesmus, colic, crying and restlessness, pale face, debility, sometimes vomiting. If Rheum should not effect a cure, *Chamomilla* will sometimes be sufficient to complete it. If all other remedies had failed, and great emaciation and weakness, without much loss of appetite had set in, I have sometimes succeeded in arresting the disease by one of the first three triturations of *Calcarea-acetica*. *Magnesia-carbonica*, *Hepar-sulphuris*, and *Graphites* likewise deserve attention.

For a diarrhœa which renders the parts sore, *Mercurius* and *Sulphur* are not the only remedies. We may have to resort to *China*, highest attenuation, if the sour and corroding stools seemed to be partially owing to prostration ; and to *Arsenicum* when aphthæ, hectic fever and emaciation are present. If all these remedies should fail, and it should seem possible to preserve the patient's life, we may try *Acidum-phosphoricum*, *Pulsatilla* or *Lachesis*.\*

The homœopathic physician is frequently called upon to treat children for diarrhœa, where large doses of Rhubarb had been employed previously under allopathic treatment. These cases are generally characterized by colic, ineffectual pressing on the rectum, or discharges of gray-colored, disorganized, sour-smelling fæces, in small

---

\* One of the most important remedies in the diarrhœa of children is Aconite, but in this disease the mother-tincture has to be used, or else the medicine has no effect. I know that many physicians will sneer at this pretended discovery, but it is in medicine as in every other profession, there are just as many fools among us as wise men. Therefore let the fools sneer, but let no wise man be deterred by such sneers from daring to save a child's life by dissolving one or two drops of the tincture of Aconite, or if it should be a concentrated tincture of the root, half a drop in a small tumblerful of water, and giving a small teaspoonful every hour or two hours until the disease seems fairly checked. Aconite is a sovereign remedy for every species of nervous diarrhœa caused by a cold, dentition, a sudden emotion, or a gastric derangement. Its pathological concomitant is venous congestion.—HEMPEL.

quantities, and without the colic being relieved thereby. Though we might feel tempted to give Rhubarb, yet when we come to learn upon inquiry that the child had been drugged with it, we will prefer *Mercurius-solubilis*, *Chamomilla* or *Colocynthis*. If the Rhubarb should have been used in combination with Magnesia, *Chamomilla* and *Pulsatilla* may deserve a preference, or *Rheum* next to *Pulsatilla* may be exhibited, if the little patient should have been drugged with Magnesia without Rhubarb. By means of the massive doses of Rhubarb the diarrhœa may have been suppressed instead of cured, and in consequence of this suppression the child may be much sicker than before, may have lost its appetite, sleep, &c. In such a case there is no better remedy than *Nux-vomica* 12th, after which a dose of *Bryonia* 12th, or *Sulphur* 30th, may be required in a few cases.

A gastric derangement will sometimes lead to diarrhœa. In such a case *Antimonium crudum* 6th, *Coffea* 3d, and *Ipecacuanha* 6th, are the appropriate remedies. *Antimonium* is always indicated when the diarrhœa is watery and there is loss of appetite, with white-coated tongue, eructation and nausea or inclination to vomit. *Coffea* may deserve a preference when the diarrhœa is accompanied by excessive irritability, nervousness, whining mood. *Ipecacuanha* is indicated for pretty nearly the same symptoms as *Antimonium*, except that the discharges are more yellowish and the nausea sometimes increases to real vomiting; the weakness of the child caused by the continual pain, is less discernible from the feeble motions of the body than from the striking paleness of the face and from the blue rings around the eyes. *Coffea* and *Ipecacuanha* had to be repeated every two or three hours, whereas a single dose of *Antimonium* effected a cure, provided the medicine was properly chosen. If the diarrhœa be accompanied by sleeplessness, *Jalappa* 3d, and *Senna* 6th, are likewise available remedies. The diarrhœa which yields to *Valeriana* 12th, is thin, watery,

mixed with little lumps resembling curdled milk, or it is a greenish, papescent stool, with discharge of blood, constant pressing on the rectum, with violent cries; the abdomen is very much distended.

If the diarrhœa should be caused by the process of teething, it has to be treated, if treatment should be at all necessary, with the remedies that have been described in the preceding paragraphs. But if the bowels should only be moved now and then, and there should be no great decrease of strength, it is not necessary to give any medicine, for such a diarrhœa is not so much a disease as an indication of a curative effort of nature, by means of which nature neutralizes the determination of blood to the superior organs which takes place during the teething process.

A variety of diarrhœa is the *cholera infantum* or summer complaint, which generally breaks out in warm weather, during the fruit season. This is diarrhœa accompanied with vomiting and also with colicky pains, and which, if it last any length of time, is likewise accompanied by spasms, convulsions, and fever flushes. As regards epidemic cholera, it seldom befalls little children, or even children under twelve or fourteen years, unless they should be allowed during the prevalence of epidemic cholera, to indulge in excessive and rich living, or to do otherwise as they please. At first the children throw up undigested food, mixed with phlegm, and afterwards bile; the alvine evacuations are at first slimy, afterwards watery, they have a bilious tint and are mixed with white flocks; at times a brownish, very fœtid liquid is discharged from the bowels, at other times it is bloody mucus. If these discharges should be frequent and copious, the children soon lose their strength, the muscular substance becomes less and the skin flaccid, the temperature of the body goes down, the eyes lose their lustre, and the upper eyelids hang down, the thirst increases, and lastly we have aphthous ulcers, œdema of

the face and extremities, tympanitis, anxious and labored breathing, sopor, slight convulsions, irregular pulse and beating of the heart, and finally, death ensues.

Cholera infantum is very apt to terminate fatally unless it should be speedily checked by appropriate treatment.

The homœopathic treatment for cholera infantum is quite simple. If the vomiting should be a very marked symptom, or the diarrhœa be watery, accompanied by colic, or occasionally with spasmodic drawing in the fingers, toes, or even calves, *Ipecacuanha* 6th, may be resorted to as an excellent remedy to commence the treatment with. *Chamomilla* may be given for the following symptoms : sour vomiting, which is, however, less marked than the accompanying watery diarrhœa ; the tongue is lined with yellow mucus, and the respiration is generally anxious and labored. If the disease should have lasted some time or set in with great violence, it is best to give at once *Veratrum-album* 30th, especially when the vomiting is very violent, comes in paroxysms, and is attended with excessive prostration and icy coldness of the body ; the alvine evacuations come as suddenly as the vomiting, they are inodorous, and look like water mixed with flocks and do not seem to contain any fæcal matter. These are the ordinary symptoms indicating *Veratrum* as the principal remedy, but there are other and more dangerous symptoms which likewise point to this agent ; they are a colorless, pale face, with sunken eyes, surrounded by dark borders, cold breath and tongue, violent colic, the existence of which may be inferred from the twisting and doubling up of the child's body, and from its pitcous cries ; sensitiveness of the abdomen to pressure, cramps in the fingers, toes and muscles in other parts of the body. If *Veratrum* should arrest the disease, but should leave a tendency to diarrhœa, which will actually set in now and then, a small dose of *Chamomilla* is frequently sufficient to remove this remnant of

the complaint. If *Chamomilla* or *Veratrum* should not stop the disorder ; if the vomiting and diarrhœa should set in after taking the least drink ; if the lips and tongue should become dry, blackish and cracked ; if the pulse should become intermittent, tremulous, approaching a state of collapse, with icy-coldness of the skin and clammy sweat, *Arsenicum* 30th, will arrest the disease and restore the patient's health, provided the vital reaction had not been entirely paralyzed. *Gratiola* 12th, to judge from the yellowish evacuations upwards and downwards, the distention of the abdomen, the rumbling and pinching in the bowels, might perhaps be a useful auxiliary in this disease. After the cholera is entirely subdued, a little *China* will prove useful in restoring the little patient's strength.

#### NOTE ON SUMMER-COMPLAINT BY DR. HEMPEL.

In our climate cholera infantum, or the so-called summer-complaint of children, is a very frequent and even dangerous disorder, which destroys thousands of lives. It generally befalls children of one or two years old, when they are cutting their teeth.

Beside the remedies mentioned by Hartmann, the following medicines have been employed with advantage for this affection : *Aconite*, *Bryonia*, *Calcarea*, *Mercurius-vivus* and *Phosphorus*.

*Aconite* is one of those medicines which a physician will have to fall back upon in this disorder every now and then. When the child seems to become very restless, especially at night, and feverish flushes set in at certain periods of the day, the child is thirsty, loses its appetite, the urine looks red, deposits a sediment, the discharges from the bowels have an offensive smell, and look greenish, watery, mixed with slime and a little blood, the bowels feel hot, and are hard and distended ; or the attack sets in with vomiting of a greenish bile and singultus : no medicine will be found better adapted to this



group of symptoms than *Aconite* ; we may try the globules first, if we like, but if they should fail, my advice to the physician is, at once to resort to the mother tincture, for this will most assuredly afford relief. One or two drops of the common tincture used by homœopathic physicians, or, if it be a saturated tincture, prepared from the root, half a drop in a small tumblerful of water, and a small teaspoonful to be given every ten or fifteen minutes, until the agonizing vomiting and the spasmodic hiccough are arrested, which is generally accomplished after one or two doses ; after which the medicine may be continued at longer intervals. This remedy is sufficient, in many cases, to arrest the disease from the commencement, though it may be expedient or even necessary to recur to it every now and then in the course of the summer or fall. Even if other remedies should have to be resorted to, *Aconite* will prove an invaluable auxiliary in conducting the treatment of this disease. For there will be a rise of fever every now and then, sometimes regularly every day or night, the children will be restless, nervous, impatient, peevish ; and we have no remedial agent in our practice that is as well calculated as *Aconite*, to regulate the disorders of the circulation and the disturbed condition of the ganglionic system, in which they originate.

If *Aconite* should still be indicated without having afforded relief, or if it should only have afforded partial relief, we may have recourse to *Bryonia* 12th or 18th, dissolving a few globules in half a tumblerful of water, and giving a teaspoonful of this solution every two or three hours. Or it may be expedient to continue the *Aconite* in alternation with *Bryonia*.

*Calcarea-carbonica*, or, which may be preferable, *Acc-tica*, is indicated when a process of ulceration seems to be going on in the bowels of the child. The discharges are purulent or serous, the children are very weak, they are unable to stand without being supported, their flesh is



very soft and flabby, and they have no appetite. If this condition should be accompanied with regular fever-flushes, or feverish exacerbations, it may be well either to alternate the Calcarea with Aconite, or, at any rate, to interpolate a dose of Aconite every now and then. In what attenuation the Calcarea should be used, is a matter about which every physician has probably an opinion of his own; some prefer the 30th or even a much higher attenuation, others would consider themselves guilty of manslaughter, if the little patient should die without having had the third or even a lower trituration.

*Mercurius-vivus* is one of the most efficient remedies in cholera infantum. But it is far from being a panacea for this disease, as is believed by Old-School physicians, who exhibit it in their favorite form of Calomel. *Mercurius* is indicated by the following symptoms: there is very little, if any nausea or vomiting, the discharges from the bowels are of a greenish or sometimes of a dark-brown color, accompanied with tenesmus, soreness of the anus; frequently the passages are mixed with blood and slime, or it is a mixture of pus, blood, and now and then, a little faecal matter. The child smells sour, has no rest, and the diaper has to be changed quite frequently, even every ten or fifteen minutes, or every half hour or hour. In this affection, the *Mercurius* should not be given higher than the 6th, nor lower than the second trituration, centesimal scale; though cases may arise where even the first decimal trituration may seem more adapted to the nature of the case and the general constitution of the child than any higher preparation of the drug. In regard to doses, I am anxious to extend the most unbounded liberality to any judicious and sober-minded practitioner.

*Phosphorus* may help us along in some cases of cholera infantum, though I am disposed to doubt its general efficacy in this disease. It may be resorted to when the discharges from the bowels seem to be quite involuntary, unnoticed by the child. A typhoid state seems to

develop itself. The child lies in a stupid slumber, the discharges from the bowels have little smell, they are watery, unmixed with blood or faecal matter; the child's lips are dry, blackish, the tongue looks dry, parched, rough and lined with a glassy-looking brownish coating. The child seems to crave drink. *Veratrum* might be given in alternation with *Phosphorus*.

There is another medicine which I believe is very little used in cholera infantum by homœopathic physicians, and which I take this opportunity of directing their attention to, it is *Argentum-nitricum*. The passages are almost involuntary, frequent, watery or serous; there is no tenesmus or sickness at the stomach. Speaking of this agent, it may be proper to mention in connection with it, *Acidum nitricum*. When ulceration of the bowels seems to be threatening, or the symptoms would seem to indicate that such a disorganizing process has actually set in, *Acidum-nitricum* might be given in alternation with *Calcarea*. As regards the suitable dose, the attending physician will have to decide for himself, but in such a case I should not feel disposed to go much higher than the 6th, though I recollect a case of syphilitic ophthalmia, where the whole eye seemed to have suddenly become converted into a mass of pus, which I cured completely, and in the short space of four days, with two globules of the 200th potency of Nitric-acid. A change of air, and especially the sea-air is sometimes the only and best means of stopping the summer-complaint, though even this and all other remedies will fail in a number of cases.

#### d) Vomiting.

Infants vomit quite easily, especially after nursing. Nature resorts to this means for the purpose of relieving the infant of an excess of milk; a little exertion, coughing or laughing will sometimes bring on a fit of vomiting. If such vomiting should take place after weaning, or in children who are brought up by hand, it generally arises

from an excess of food, or from food that does not agree with the child's stomach, or is otherwise of a bad quality. It may, however, be occasioned by a cold, acidity in the stomach, teething, tight bandaging, a sudden emotion of the mother or nurse, heavy, fat, indigestible milk, water in the head. It is likewise an accompaniment of whooping-cough, or it may be excited by worms, or portend the approach of some exanthematous disease.

The frequent vomiting of infants shortly after birth, constipation and the ailments which are incidental to it, indicate stricture of the intestinal canal. Throwing up a little curdled milk every time the children have nursed, denotes a healthy digestion, whereas the throwing up the milk in its natural form implies weakness of the digestive organs or an organic disease of the stomach.

Sometimes this troublesome disorder can be completely arrested by changing the diet of the child ; or if it should arise from the disturbed condition of the mother's spirits or temperament, the restoration of her equanimity will remove the disorder. *Ipecacuanha*, *Nux-vom.* and *Pulsatilla*, are excellent remedies for this weakness, or if they should not suffice, *Arsenic* 30th, which may have to be followed in some cases by *Ferrum-acet.* 6th, (especially if the vomiting should recur with great violence every time the child takes a little solid food,) or by *Bryonia* 12th, as an intercurrent remedy. For sour vomiting, with sour smell from the mouth, *Chamomilla*, *Acidum-phosphoricum* 6th, may be given. It is difficult to furnish minute indications for the use of these medicines. Dr. *Kallenbach* recommends *Aethusa-cynapium* for the vomiting of milk after nursing, especially when accompanied by emaciation and debility. The children throw up the milk, soon after drawing it, either unchanged, or after a lapse of ten or fifteen minutes, it comes up all at once, curdled, and with great force, after which the children fall asleep, as from great weakness, and then want to nurse again. This condition is ob-

served in children who are nursed, but more particularly in those who are fed on cow's-milk. Infants sometimes take a sudden dislike to nursing or cow's milk, and they then have to be fed on some other suitable food. *Æthusa-cynapium* may, however, prove a remedy for this sudden aversion.

*Note by Dr. Hempel.*—An excellent remedy for this vomiting of milk in infants, is *Calcareo-acetica*.

---

## CHAPTER XXIII.

### ATROPHIA INFANTUM, PÆDATROPHIA (MARASMUS OR ATROPHY, WASTING AWAY OF CHILDREN.)

According to *Canstatt*, the first symptom of impending atrophy is an obstinate sleeplessness without any apparent cause; it is accompanied by a gradually increasing loss of flesh which becomes first manifest about the neck. The child looks old, somewhat like an ape, with hollow eyes, pointed nose, prominent chin; the extremities are thin, and the abdomen generally distended, though in some cases, it is so empty and sunken, that the vertebral column can be distinctly felt through it. The skin is dry, shrivelled, dingy-looking, sallow, and disfigured by comedones. There is great irritability and excessive prostration. The child has frequently a voracious appetite, especially for dishes made of flour. Sometimes there is vomiting of the ingesta, acidity, constipation, or sour and slimy, gray, whitish diarrhoeic stools. Lastly, hectic fever. The symptoms of atrophy are sometimes mixed up with those of acidity of the stomach, helminthiasis or scrofulosis.

*Causes.*—This disease befalls most frequently children from the first to the third year, but it likewise occurs at a later period. In older children, atrophy is frequently accompanied by scrofulosis of the mesentery.

This, however, is only a variety of the general form of atrophy, for it is not true that atrophy is caused in every instance by a diseased condition of the mesenteric glands. We distinguish

*a) Atrophy from hereditary debility :* The children are born of dyscrasic, phthisical, syphilitic parents, or of parents affected with mercurial cachexia ; there is hereditary weakness of the digestive organs, acidity of the primæ viæ.

*b) Atrophy caused by noxious external influences :* Want of care ; excessive feeding ; heavy food, such as pap prepared of bad flour, tenacious or slimy food, potatoes, dumplings, vitiated milk of the mother ; stimulating food ; scanty supply of milk from the breast, which may be inferred from the scantiness of the urinary secretions and the alvine evacuations, from the continual screaming of the infant, and its instantaneous quiet when it is put to the breast and is able to nurse ; debilitating drinks ; uncleanness ; want of exercise ; living in damp, close rooms. The disease is most frequently met with among the children of the poorer classes or in foundling-hospitals.

*c) Atrophy originating in Discrasia or malformation :* Scrofulosis, rhachitis ; atrophica mesenterica, which is recognizable by the knotty swellings of the abdomen ; worms ; congenital syphilis.

*d) Atrophy, caused by Dentition or chronic diarrhœa.*

*Duration, Termination, Prognosis.* The disease lasts from four to six weeks. If the little patient gets well, it is always very slowly. Death takes place by exhaustion, hectic decline, phthisis of the mesenteric glands or lungs, dropsy. The prognosis depends upon the possibility of bringing the child into a more favorable medium ; upon the degree of development, which the disease has attained ; hectic fever, vomiting, diarrhœa render the prognosis unfavorable ; hereditary debility and

dyscrasia render the disease much more dangerous than it is when some external cause had occasioned it.

*Treatment.*—The homœopathic treatment of this disease, if commenced in time and judiciously conducted, is much more favorable than the allopathic. One of the first things to be done, is to procure a suitable diet for the infant. *Berends* gives the following excellent advice in reference to this matter : “Get for the child a healthy nurse, especially from the country, whose babe is of the same age as that of your infant. Human milk fresh from the breast, even should the infant have been weaned. Children who are brought up by hand, should have a mixture of one part of good cow’s, goat’s or ass’s-milk, and two parts of boiled water, sweetened with sugar. They should have this frequently, and tepid. Little by little more milk may be added, and, if children should be a year old, they may drink the milk undiluted. (According to *Hohnbaum* fresh, unboiled milk is more easily digested by children than milk that is boiled, and they derive more nourishment from it). From the fourth month the children may be fed on a pap made of water and finely pulverized biscuit. In the case of weakly children a little meat-broth may be added from time to time. After the children are weaned and a few years old, they may be given broth, light vegetables such as carrots ; older children may have a little roast meat, but no pork or waterfowl, duck, goose, &c. ; wheat-bread, biscuit, and a light, well fermented beer.\* A little sweet wine of the very best quality may be given to children who are very weak.” I likewise refer the reader to the first chapter of this work on “diet.”

I shall now attempt to give the reader some idea of the homœopathic treatment of marasmus. Of course he must not expect to find a complete treatise providing for every complication or shade of the disease. All I can

---

\* The German ale, or so-called Lagerbeer, answers this purpose better than any other. *Hempel*.



promise is, to furnish some general indications which I hope will excite in the beginning practitioner a desire to acquire a more complete knowledge of the resources of our art. First I will describe the treatment.

a) *Of Atrophy from hereditary weakness.*—First I refer the reader to my treatise of “Chronic Diseases and their homœopathic treatment,” where he will find many useful hints about the treatment of phthisis meseraica or atrophia meseraica infantum. Secondly I refer him to the preceding chapter for my observations on the treatment of acidity in the primæ viæ; and thirdly, to my various statements respecting the treatment of tuberculous, phthisical, syphilitic and mercurial cachexia. The debilitated condition of these various forms of dyscrasia or cachexia is generally the cause of the weakness of the digestive organs, and, though *Chamomilla*, *Belladonna*, *Nux-vom.*, *Bryonia*, *Ferrum* may be more or less indicated at times, yet the weakness will have to be principally treated with *Sulphur*, *Calcarea-carbon.*, *Mercurius*, *Hepar-sulphuris*, *Baryta-carbonica*.

*Sulphur* is more than any other medicine, specifically adapted to the psoric dyscrasia, and may be exhibited in the beginning, middle or end of the treatment, always in the highest attenuation. It is indicated by the following symptoms: craving appetite with hard, distended abdomen, at times slimy diarrhœa, at others constipation; a peculiar old-looking expression of the countenance, with a livid, wrinkled skin; sleeplessness; cutaneous eruptions, such as: scurfy vesicles, rash, red pimples, rhagades, &c.; constant running at the nose, as in catarrh; the child has an unnatural temperature, with constant disposition to sweat. *Sulphur* is likewise indicated when the disorder originates in syphilitic or mercurial cachexia, and *Mercurius* 12th, and *Hepar-sulphuris* 6th were unable to complete the cure.

If *Sulphur* should not suffice to perfect the cure, *Calcarea-carb.* will do it. Only in very few cases will this

agent act as well in the commencement of the treatment as after the previous use of Sulphur. I never employ *Calcareæ* lower than the 30th attenuation, dissolving a few globules in a few ounces of water and giving the whole at suitable intervals in the space of from one to three days. It is especially indicated at a later period of the disease, when the symptoms seem to point to an approaching atrophica mesenterica and when, beside the symptoms which indicate Sulphur, there is swelling and hardness of the mesenteric glands, emaciation, excessive debility, which is increased by the frequent diarrhœic, clay-colored discharges from the bowels; the skin becomes more and more dry and withering; the scalp looks sickly, and the hair which grows out of it, is dry and looks as if dead; the nervous system becomes very sensitive, palpitation of the heart supervenes, together with other symptoms which seem to forebode a fatal termination.

These remedies are very efficient in the treatment of marasmus, but we must not suppose, on that account, that they are capable of curing every case. *Baryta-carbonica* 12th, is another excellent remedy for atrophy, especially when characterized by distention of the bowels, glandular swellings, mental and nervous debility; or when the children are unable to go to sleep at night, their sleep is restless, they like to be eating all the time but have an aversion to sweet things and fruit; they cannot eat much at a time, in spite of their craving hunger, and are satiated after eating but little; during the meal they are suddenly attacked with languor and sudden urging to stool, with violent pain around the loins; their hair falls out, they have a dry scurf on their head, sometimes on the cheeks; scurfs in the nose, &c.

b) *Atrophy caused by external influences.*—This cannot be cured unless the cause can first be removed. It is most frequently met with among the poorer classes, and would be cured much more frequently than it is, if the indolence, ill-will, parsimony, poverty or inability of

the parents did not interpose an insurmountable barrier to such a happy result. The physician is not generally sent for till the disease has gained a considerable advantage over the little patient; nevertheless *Chamomilla* 6th, may be given with advantage, when the child complains of diarrhœic stools of a green color or resembling stirred eggs, or having a sour smell; at times the child is attacked with sour vomiting, or, if somewhat advanced in age, has an insatiable craving for food or for things which it must not have. For this species of canine hunger, even when there did not seem to be any worm-symptoms, I have found *China* 6th, useful, whereas *Nux-vomica* 15th, and *Bryonia* 12th, seemed to be of more avail when the food was thrown up again immediately, and there was constipation rather than diarrhœa. If diarrhœa was present, *Pulsatilla* 12th, seemed to deserve a preference. If there was an alternate craving for food and indifference to food or drink; if the slimy discharges, with colic, were more frequent after midnight than in the day-time: *Rhus* 12th, seemed not only to respond to these symptoms but likewise to the morbid condition of the mesenteric glands. The vomiting of food which is such a frequent accompaniment of this disease, has frequently disappeared, in my practice, under the use of *Ferrum-aceticum* 6th, from which I infer that this agent is adapted to the whole malady; for, if it were not, it is doubtful whether such a prominent symptom could be controlled by it.

There are other remedies which have to be used in the more obstinate forms of this disease. One of them is *Arsenic* 30th. This is to be used when the disease progresses in spite of the most careful medical treatment and hygienic regime; when the substances which the child throws up or discharges from the bowels, contain undigested food; when the child is restless, tosses about, starts and twitches during sleep; when the child wants to drink a good deal, but little at a time; and when there

are nightsweats with cold hands and feet and bloated face. If *Arsenicum* should not totally remove this condition, *Mercurius-corrosivus* 12th, may be given after it, especially when, together with the last-named symptoms, the child has frequent discharges of a bloody mucus having a cadaverous smell, attended with violent colic and even tenesmus of the rectum. If the action of *Mercurius-corr.* should be exhausted in 48 hours, we may give another dose of *Arsenic*, provided we find it still indicated. But it is very probable that the change in the bowels, from a loose to a torpid state, and the newly-excited canine hunger may require some other medicine, *Staphysagria* 12th, for instance, especially when the cervical glands are swollen, the nostrils are sore with a profuse catarrhal discharge, ulcerated corners of the mouth and fetid nightsweats. Or *Acidum-phosphoricum* 6th, may deserve a preference, particularly when the diarrhœa continues and is attended with considerable debility and exhausting morning-sweats. *China* 12th, may likewise be suitable under these circumstances.

If all the previously-named remedies should fail in effecting a complete cure, *Sulphur* and *Calcareæ* will then become our sheet-anchor.

c) *Atrophy arising from Dyscrasia or Malformation*, and

d) *Atrophy from Teething or Chronic Diarrhœa*.—For the treatment of these two varieties I refer the reader to the treatment of scrofula, rhachitis, syphilis congenita, diarrhœa and the other diseases the sum total of which makes up the general character of marasmus.

## CHAPTER XXIV.

GASTROMALACIA; MALAXIS VENTRICULI, GASTROBRASIS, PERFORATIO VENTRICULI SPONTANEA  
(SOFTENING, RAMOLLISSEMENT OF THE STOMACH.)

*Armstrong* and *Hunter* are the first who have directed the attention of the profession to this disease. To *Hunter* is due the merit of having the first described it. Let us now subject to a closer examination the group of perceptible phenomena, which, judging from the uniform presence of softening of the stomach in the dead body, are supposed to indicate this pathological condition in the living being.

This softening generally takes place, with rare exceptions, adjoining the spleen, or at the anterior portion of the stomach, by which it is distinguished from other disorganizations of this organ which arise more frequently from the body of the stomach and the pylorus. The lower third of the Œsophagus is frequently involved in the disease. For a detailed description of the anatomical characters of the disease, I refer the reader to *Rokitansky's* pathological anatomy, vol. III. p. 15.

*Symptoms.*—It must not be supposed that the following symptoms are invariably attended with softening of the stomach; this disorganization is frequently seen in the dead subject, when there may not have been a trace of it in the living being, though the apparent phenomena were identical.

The children are generally a few weeks, months or even years old. The disease first sets in in the form of cholera, an inflammation of the stomach, an hydrocephalic or slow typhoid fever. The most acute form of this disease, which frequently runs to a fatal termination in 24 hours, breaks out suddenly, without any precursory symptoms, with violent fever; the children are restless,

cry a good deal ; the pulse is quick and they have an almost unquenchable thirst ; their abdomen is distended, the region of the stomach is hot to the touch, painful to pressure, or there is pain without the least touch, for the little ones will frequently draw up their legs. There is frequent and sometimes continual vomiting of a greenish, slimy, sour-smelling fluid, and at the same time frequent watery, greenish, corrosive, sour-smelling discharges from the bowels. The breathing seems to be oppressed, and the children have a dry cough. Breath and skin are cool ; collapse of the features and emaciation ensue very rapidly ; the crying changes to a piteous moaning ; stupor sets in, the pulse becomes unequal, uncountable, and death ensues with convulsions or in a condition of excessive prostration.

A less acute form of this disease, which may last from three to six days, is preceded by precursory symptoms. The children lose their appetite, they are cross, low-spirited, are frequently troubled with eructations, aphthæ, or for a long time previous they had frequent attacks of vomiting or of diarrhœa with occasional improvement ; their sleep is restless, they look pale and seem to be suffering. As the fever appears, the diarrhœa and vomiting become more frequent and more obstinate, the discharges are watery-slimy, having a putrid odor, sometimes mixed with gray-green filaments and flocks ; the abdomen is distended. Though the head was hot at first, yet the face and extremities soon become cool, whilst the rest of the body continues hot and the abdomen frequently very hot ; the children lose their flesh in a striking manner, especially about the neck. The cerebral phenomena are sometimes much more striking than the rest of the symptom. The children seem to be in a constant sopor from which they can, however, be roused quite easily (agrypnocoma).

There are cases where the disease lasts several weeks. The principal symptoms are likewise diarrhœa, vomiting,



violent thirst, pain in the abdomen, cough and progressive sinking of the strength of the child, with or without fever, which is more of a hectic nature when it does exist.

The following group of symptoms may therefore be set down as characteristic of this disease: vomiting, diarrhœa, distention and pain of the abdomen, sudden and striking collapse, fever with torpid character, and in many cases, sympathetic derangement of the respiratory and nervous functions.

*Symptoms.*—*Canstatt* gives the following description of the symptoms of this disease. I deem it necessary to record the symptoms somewhat minutely, because the disease is very little known, and a knowledge of the symptoms is required to enable me to furnish clear and precise therapeutic indications.

According to *Canstatt*, vomiting is one of the most constant symptoms of the disease. It occurs several times in the commencement, and sometimes continues during the whole course of the disease; it is excited by any thing that the patient may take into the stomach, and cannot be appeased. It generally ceases previous to death. Only in very few cases it is entirely absent; in some cases it does not set in till shortly before death. It is generally a real vomiting, not a mere rising of air. In many cases every attack of vomiting is followed by an exhaustion amounting to fainting. The substance which is thrown up, smells sour; it is watery, yellow or greenish, sometimes mixed with whitish flocks or filaments, or with curdled milk. To judge from the increasing restlessness and exhaustion after the vomiting, it does not procure the child any relief.

The *diarrhœa* is scarcely ever wanting; it sometimes sets in a good while before any other symptom make its appearance, and in some cases it abates previous to death. The frequency of the discharges is sometimes quite considerable; they resemble chopped, green herbs, are slimy, watery, frequently mixed with white-gray, black-

ish dots and flocks, they look very badly, have an acrid odor, react like acids ; sometimes they are mixed up with a dingy-white intestinal mucus resembling dissolved clay, or with mucus of a reddish color, adhering to the diaper like glue ; sometimes they look like the sediment deposited by red wine, frequently scrous and frothy ; every single discharge is but scanty, and the child moans and draws up its legs while it is taking place. The prostration increases after every discharge. As the disease progresses, the quantity of the discharge becomes frequently less. Frequently there is emission of foetid flatulence ; the discharges take place involuntarily, sometimes with tenesmus.

Less constant than vomiting and diarrhœa are the *painfulness and distention of the abdomen*, heat and tension in the region of the stomach. In some cases the abdomen has a doughy feel. At times the tension is confined to the region of the stomach, at others it extends over the whole abdomen ; in some cases there is excessive sensitiveness to contact, whereas other patients bear a good deal of pressure. But the child seems to feel a colicky pain all the time ; this may be inferred from the continual crying and moaning, and from its drawing up its legs continually.

The rapid *collapse* is never wanting. This is one of the most constant and characteristic symptoms of the disease. The emaciation is not proportional to the quantity of the discharges ; the skin on the neck becomes wrinkled ; when raising a portion of skin, it remains raised, the eyes retreat deeply into their orbits, the nose becomes pointed and blueish, the skin and muscles are relaxed, and hang along the body, as if paralyzed. At first the face preserves a little color, but it soon grows pale and becomes sunken. The weakness is so excessive that the head rolls from side to side, the eyes are always half open and the eyeballs are turned upwards. In some cases the face and extremities become cold long

before death ; the breathing becomes slow and scarcely perceptible ; the air which is expelled from the lungs, feels cooler to the hand ; the patients lie in a slumber which seems to border on fainting.

The *fever* has an asthenic character from the first. At first the pulse may be rather hard, but it is extremely frequent even in the commencement of the disease. As the disease progresses, it collapses more and more. It never becomes slower, as is the case in acute hydrocephalus after effusion has set in ; on the contrary, it becomes more and more rapid, unequal and small. The fever may exacerbate in the evening, or it may be entirely wanting for a time ; or it may be present during the whole course of the disease, or it may be acute at first, and abating gradually, assume a chronic form. The appetite disappears from the commencement. The *thirst* in this disease is excessive, and is out of all proportion to the intensity of the fever. The child follows the cup with its eyes, draws it greedily to its lips, holds on to it firmly with its little hands, and does not let go of it until the cup is emptied. We frequently observe aphthous ulceration in the mouth.

The *sympathetic affection* of the respiratory system is shown by the dyspnœa and the dry cough. This does not take place in every case, but particularly in those of a chronic nature ; and it not only occurs towards the end of the disease, when it characterizes the death-struggle, but much sooner, and even in the beginning of the disease. The cough is frequently very troublesome, with an increased secretion of mucus ; in other cases the breathing is short and labored, but there is no cough.

*Sympathetic irritation of the nervous system.* The existence of a deep-seated affection, like the present, is betrayed by the constant restlessness of the children ; they cry, groan, moan day and night, want to be carried all the time, and have no rest any where. There does not exist any disease that renders children more irritable

than softening of the stomach; they cannot bear being touched or looked at without screaming. Their features express anguish and suffering. They frequently lie in a state of half stupor or fainting, (agrypnocoma), which is interrupted occasionally by crying, moaning and vomiting. Finally they become insensible even to the pain; the skin of the forehead and occiput is cool, which is not the case in the hydrocephalic coma; in the present disease the children do not toss the head backwards, or bore with the occiput into the pillow, nor do they grasp at their heads without any apparent consciousness of so doing, nor is there the dilatation of the pupils, the piercing shrieks, the drawing-in of the abdomen, the slow pulse and respiration, symptoms which are all more or less characteristic of an effusion into the brain. Towards the end the coma in this disease reaches its acme and becomes permanent; it may be accompanied by an exudation into the ventricles of the brain. The children become convulsed, roll their eyes; sometimes the extremities twitch convulsively, or they are affected by slight spasms previous to death. Deglutition becomes difficult.

*Causes.* This gelatinous softening of the stomach does not often occur after the second year of a child's age. The disease occurs most frequently immediately or shortly after weaning; it may be caused likewise by an improper diet, such as milk that had been vitiated by the feverish state of the mother, or by a sudden emotion which brought on a menstrual discharge during the period of nursing: or the excessive use of cathartics may occasion the disease. The irritated condition of the bowels which prevails during the period of dentition, may predispose some children for this disease; others may be predisposed by physical causes, for the disease has been known to occur principally in those periods of the year when gastric derangements and intermittent fevers prevail, principally in the after part of the summer and in the spring. This disease is likewise said to have

been caused by swallowing the acrid saliva in stomacace, angina gangrenosa, stomatitis. The disease is sometimes accompanied by disorganizations of the brain and spinal marrow, and it is Rokitansky's belief that some cerebral disease, a hydrocephalic condition of the brain, or hypertrophy of this organ, characterized during the patient's life-time, according to Munchmeyer, by idiocy, imbecility, irritability, ravenous desire for food and more particularly by a prominence of the parietal bones, is frequently the source of the present disorder. In some instances the nervi vagi have a reddish tint. Alterations similar to those existing in typhus, such as swelling of the glands of Brunn and Peyer, and pustules resembling the small-pox pustule, such as are peculiar to typhus of the bowels, &c., are likewise met with.

*Prognosis.*—The symptoms indicate sufficiently the greatness of the danger in this disease; nevertheless it is not always necessarily fatal, and we should never hesitate to commence the treatment in good spirits, for it is as yet a mooted point whether the disease is actually present, when the symptoms which are supposed to characterize it, first develop themselves, or whether the disorganization of the stomach does not rather set in towards the end of the disease, or even after death. Some physicians go even so far as to deny the existence of the disease, for not in all cases where the symptoms pointed to gastromalacia during the patient's life-time, was the disorganization found to exist after death. Favorable symptoms are: warm sweat all over, diminution and cessation of the vomiting and diarrhœa, abatement of the soporous state. The acute form is said to be more favorable than the chronic. Impoverished and rickety children can scarcely ever be saved. In the commencement the prognosis is more favorable than when the disease has reached its acme.

*Treatment.*—After such a minute description of the pathological character of gastromalacia, the reader will

naturally expect to find an equally minute exposition of the treatment of this disease. In this he may perhaps be disappointed. The symptoms which occur during the course of this disease, are so variable that the reader will frequently be obliged to consult some of the preceding chapters treating of gastric diseases, where he will find many groups of symptoms that will resemble very closely many of the symptoms characterizing this disease. All we can do in a disease of this kind, is to select our remedies in accordance with the perceptible symptoms, and not in accordance with its fancied resemblance to the pathological disorganization. By pursuing such a course we will do more good to our patients than by drugging them agreeably to some speculative theory or notion.

Before speaking of the treatment proper, to be adopted in this disease, I will say a few words of the means to be used in order to prevent it. In the first place all that has been said in previous chapters about the diet and general regime of children, has to be observed with great care. It is unnecessary to repeat it all; except that the mother's milk is the most suitable food for infants, and that infants who are nursed by a healthy mother or nurse, scarcely ever contract this disease. In families where this disease seems to be hereditary, the mother should not think of nursing her infant, but should confide this business to a good nurse. Weakly children should not be weaned before they have grown stronger; nor should children be weaned while their bowels are loose, or show a tendency to looseness; or shortly after having been cured of some acute disease. Winter is the best season to wean children in, for it is in this season that gastromalacia occurs least frequently. Children should not be weaned at once, abruptly, but gradually. At first they may be fed every now and then on a little cow's-milk, using the milk of the same cow, if possible; (this kind of milk may likewise be used when children are brought



up by hand). Before using the milk, the cream should be skimmed off. Milk-paps or meat-broths should be made fresh every time they are to be used. Milk and flour, boiled together, are inadmissible whenever children seem to be troubled with bad digestion and acid stomachs. The feeding should take place at regular hours. If the disease should set in after the child is weaned, we may try to put the child to the breast of a healthy nurse; frequently, however, children will refuse the breast after having once lost the habit of drawing it. *Cruveilhier* advises to make the child nurse only once every six hours, and then only four or five minutes at a time; this strikes me as impracticable and useless, because the disease will not be cured by depriving the child of the necessary nourishment.

As regards the therapeutic treatment of this disease, I refer the reader in the first place to the previous chapters of this work on gastric diseases, where he will find an accurate description of gastric conditions such as characterize the first stages of gastromalacia, together with the appropriate remedies. I likewise refer the reader to the chapter on gastroataxia in my treatise on acute and chronic diseases. If the phenomena should be so clearly marked as to leave no doubt that the process of disorganization has actually commenced, it is doubtful whether, in such a case, we need puzzle our brains much longer with selecting a remedy. But inasmuch as it is impossible to say when and whether the destruction of the stomach has actually set in, I will describe the remedies which seem to me to be principally indicated in this disease. For the violent fever which characterizes this disease, but which will at first cause scarcely any physician to suspect the presence of this dangerous disorder, it is eminently proper to give a dose of Aconite, which should be as minute as possible in order to secure a prompt and thoroughly pervasive action of the drug. If there should be no improvement in the course of an hour, and gastric

symptoms should commence to show themselves, and the abdomen should be distended and hot, painful to the touch, with violent thirst, cold feet and hands, we might suspect an incipient inflammation of the bowels, which would require *Bryonia*, or, if the pupils should be dilated, sopor and retching, with raising of phlegm, should be present, and there should be other symptoms denoting the approach of an encephalic fever, *Belladonna* 30th would deserve a preference. *Bryonia* and *Belladonna* seem to be particularly suitable, if the symptoms of gastromalacia develop themselves shortly after weaning the child. With these remedies I have certainly succeeded in removing what seemed to be a most acute form of this disease.

If the symptoms should indicate an acute attack of gastromalacia, such as I have described, and Aconite, with which we should always commence the treatment, be without avail, *Arsenic* should at once be resorted to. It does more in this disease than *Veratrum* or *Tartarus-emeticus*. The dose may be repeated. For the sub-acute form of gastromalacia I recommend *Antimonium-crudum* 6th; it responds strikingly to the symptoms characterizing this form of the disease, and, even if it should fail to remove them entirely, it will avert the pressing danger. Beside *Ipecacuanha*, *Pulsatilla* and *Nux-vomica*, the remaining symptoms may require *Antimonium-tartaricum* 6th, which is certainly indicated by the following condition: frequent, sour vomiting, empty retching and straining to vomit, with ineffectual urging to diarrhœic stool or with slimy diarrhœa, drowsiness with contracted pupils, quiet breathing, and very bad humor, the child cannot be touched without causing it to cry. The drowsiness and the contraction of the pupils are characteristic indications of the Tartar-etic, whereas a condition bordering on sopor speaks more in favor of *Belladonna*. If the intestinal canal should seem to be more affected than the stomach; if the diarrhœa should be more pro-

minent than the urging to vomit, and the passages should have a sour smell and be of the color of clay; the appetite gone, with great restlessness and nervousness, debility, emaciation: in such a case *Calcarea* may be exhibited, especially if the child should be teething, for there is no better remedy for the disorders incidental to dentition than *Calcarea*. Either the *Calcarea-acetica* or *Carbonica* may be used indiscriminately, nor is it necessary to employ the highest attenuations. *Acidum-phosphoricum* probably deserves a preference when the diarrhoea, though of long standing, had not weakened the child; the passages take place every fifteen minutes, and the discharges are slimy, of a whitish-gray color. This acid is more suitable in the first stages of the disease, or for the after-diseases; it has none of the really characteristic symptoms of this affection.

Some homœopathic physicians recommend *Kreasotum* for gastromalacia. It does not seem to me that its pathogenesis points at all to this disease as being contained within the curative sphere of this drug; nevertheless my confidence in the credibility of the advocates of *Kreasotum* in this disease is such that I should not hesitate to try this drug if another case of gastromalacia should occur in my practice.

---

## CHAPTER XXV.

### VOMITUS CRUENTUS, HÆMATEMESIS (VOMITING OF BLOOD OF CHILDREN).

This disease occurs very rarely among little children; for a detailed description of the remedies for hæmorrhage from the chylopoëtic organs, I refer the reader to my treatise on acute and chronic diseases. According to Meissner, it has been observed quite frequently in recent times, that children are attacked with vomiting of blood shortly after birth. It makes very little difference, so

far as the treatment is concerned, whether the blood is discharged from the stomach or lesser intestines, or even from the rectum. For it is not for this symptom alone that the homœopathic physician will have to prescribe, but for the whole condition of the little patient.

The blood which is thrown up by the child, may have got into its stomach in various ways : during the act of parturition, during some operation in the buccal cavity, while drawing milk from a sore breast, or the blood may have entered the stomach from the nose or fauces, especially at night. Bloody stools occur more frequently, especially during the period of teething. Both kinds of hæmorrhage may, however, be occasioned by some internal cause, spasms, acidity in the stomach, excessive warmth, violent or frequent vomiting, scorbutic dyscrasia, &c.

The principal remedies for this disorder are *Nux-vomica*, *Ipecacuanha*, *Arnica*, *China*, *Arsenicum*, *Sulphur*, *Phosphorus*. I deem it unnecessary to furnish particular indications for the use of each of these medicines ; for it is my opinion that the disease arises from purely mechanical causes and that a dynamic disorder of this kind only exists at a much later period.

---

## CHAPTER XXVI.

### EXANTHEMATA CHRONICA (CHRONIC CUTANEOUS ERUPTIONS).

This class of eruptions comprises all those which are not contagious ; they last a long time without running a definite course ; they are not accompanied by fever and do not disturb the general health of the child, except when they are mere symptoms of some other disease. Meissner thinks that these eruptions, which generally prevail during infancy, are principally caused by uncleanness or the use of an improper diet. Nevertheless he is of

opinion that a scrofulous disposition and a rickety state of the body predispose the child for such a breaking out. He likewise cautions physicians against any sudden suppression of the eruption. Homœopathic physicians generally believe that these chronic eruptions are the result of hereditary psora, which is excited into various outwards forms by some adequate external cause.

The principal of these cutaneous affections are the following: *soreness*, *comedones*, *pemphigus*, *scald-head*, *crusta lactea*, *rash*, *eczema* and *dampness*, especially behind the ears.

a) *Intertrigo* (*Soreness*).

Fat children are more particularly troubled with this inconvenience. It generally occurs in the creases, under the shoulders, between the thighs, on the neck, at the anus, in the groins. If the soreness should extend over whole parts, the sexual organs, nates and thighs, the neck and other parts, and should assume the form of a pustulous eruption, it originates in some internal disorder or is caused by some malignant disease, and, unless properly managed, may lead to a fatal termination. The principal exciting cause is want of cleanliness, when the urine, sweat and dirt are not properly washed off from the infant's body. It may likewise be caused by the mother or nurse indulging in acrid, strongly-spiced or salt food, or in spirituous beverages.

If the soreness should change to malignant, ichorous ulcers and assume a black-blue, gangrenous appearance, with fever, the child's life is in great danger. In such cases some physicians hold that there is a syphilitic taint. But syphilitic sores are distinguished from common soreness by this, that, in the latter case, the skin is perfectly red, whereas, in the former, it has a reddish-blue, copper-colored, brown-red, or even a greenish-red tint, and the eruption is of the nature of condyloma. This soreness occurs quite frequently during the period of dentition,

when the urinary and cutaneous secretions are more acrid than at other periods, and contain, especially the former, an excess of caustic ammonia.

In order to remove this difficulty, it is, in the first place, indispensable that the mother should adopt such a diet as seems suitable to the child's health, and that the child itself should be kept perfectly clean. This purpose is best attained by washing the child several times a day with tepid water, or, what is still better, by bathing it in tepid water, (especially sea-water, if it can be had, or if this cannot be had, water mixed with a little coarse salt, *Hempel*). Such a course not only serves to heal the sore places, but also to prevent further excoriations. Among the remedies which may have to be used, *Chamomilla* is the principal one, provided it had not already been used to excess in the shape of a tea or fomentation, in which case *Ignatia* or *Pulsatilla* 12th will serve to remedy the unpleasant effects of the drug. If the *Chamomilla*, combined with suitable hygienic measures, should remain without effect after the lapse of a few days, a dose of *Sulphur* 30th, may be given and be allowed to act for five or six days, to be followed by *Lycopodium* 30th, if the improvement should not continue. If the powder which is frequently applied to the sore places, should contain *Lycopodium*, and this substance should seem to have aggravated the disease, a little black coffee, in frequent doses, will stay the injurious effects of *Lycopodium*, and the rest of the cure will then be accomplished by the smallest dose of *Graphites* 30th.

*Mercurius-solubilis* 12th, is indicated when the disease is developed over an extensive surface, when the dampness has a disagreeable smell, the child grows weak, its sleep is impaired, there is loss of appetite, sour-smelling, diarrhœic stools. This remedy should likewise be given when the eruption seems to be induced by a syphilitic taint. If there should be no syphilitic complication, and *Mercurius* should not be sufficient to cure the dis-



ease, *Sulphur* may be exhibited after the former medicine.

If the homœopathic physician should first be called after the disease had attained the present development, it is important to know whether this may not have been owing to the injudicious use of mercurial preparations. In such cases *Lycopodium* will not only act upon the disease, but likewise control the effects of the Mercury. Only in a few cases, a dose of *Hepar-sulphuris* or of *Sulphur* had to be given by me after the *Lycopodium*. China, Nitric-acid, Iodium, &c. have never done me any service in this disorder. If there should be fever, and the fever should seem to be a prominent symptom in this disorder, *Aconite* will have to be given, and may perhaps be alternated with the leading remedy. In case the disease should be complicated with other disorders, the physician will have to modify the treatment accordingly.

*b. Comedones, Acne Punctata.*

Although comedones affect persons of all ages, yet they occur most frequently among children. It is an accumulation of fatty matter in the follicles of the skin, occasioned either by a stoppage of the secretory ducts, or else the secretion itself is of a morbid character. This latter view is probably the more correct, for comedones are most frequently met with in scrofulous persons whose glands are often universally filled with a cheesy matter.

When first seen, they seem to be small, yellow, and afterwards blackish points on the skin, which are distinctly recognized as the obstructed orifices of the excretory ducts of the cutaneous follicles. These little stigmata gradually swell to small pimples or little risings having the color of the skin, and marked in the centre with a black point. By pressing against the sides of the little pimple with one's nails, the comedo is squeezed out in the shape of a small white vermiform cylinder,

frequently a line in length, and blackish at one extremity. This blackness is caused by the dust which adheres to it. After squeezing out this secretion, the dilated orifice of the duct frequently remains visible for a time, or is soon filled again with a similar secretion. In children it is most frequently seen towards the ears, on the shoulders, back and thighs. The name comedones has existed from time immemorial, and originated in the belief that they were little animals which fed on the child's flesh and blood. This belief arose from the fact that it was generally rickety children that were afflicted with the disease, and there did not seem to exist any better mode of accounting for their emaciation, than to suppose that these little beasts of prey caused the wasting of the body. If these comedones become inflamed and suppurate, the eruption constitutes what we term *acne*. They do sometimes contain a species of insect termed the *acarus folliculorum*; this, however, does not seem to have any thing to do with the origin or subsequent development of the disease, and seems to be a harmless parasite.

The generally recognized causes of comedones are: want of cleanliness, insufficient change of linen, unsuitable, heavy, farinaceous diet; atrophied, rickety, scrofulous state of the body; hence the disease occurs most frequently among the poorer classes.

In order to treat this eruption, it is important that the physician should in the first place inquire whether the child is particularly predisposed for certain diseases. The character of such diseases may suggest valuable remedies for the eruption. The diet of the mother and child should be carefully regulated; the child should have plenty of fresh pure air, and should be frequently washed and bathed in tepid water. A little wheat bran may be mixed in the water, and the skin should be rubbed with soft flannel. *Heim* recommends to rub a little honey on the place where the comedo is located, previous

to the bath. This eruption is generally a mere symptom of some constitutional dyscrasia, for which *Sulphur*, *Calcarea*, *Bryonia*, *Graphites*, *Selenium*, *Natrum-muriaticum*, *Sabina*, and other drugs having a pervasive action on the organism, are the principal remedies.

*c. Pemphigus Infantilis or Neonatorum.*

This eruption is observed on infants shortly after birth, or they are born with it. The blisters are from the size of a pea to that of a hazelnut. They appear suddenly, without any previous inflammation or other precursory symptoms. The general skin of the body looks healthy. They are oval, filled with a yellowish serum which soon becomes turbid, of a dark brownish red color, and the bulla either dries up and is transformed into a dark thin scurf surrounded by a narrow border, or else it breaks, leaving a flat excoriation which is likewise soon covered with a thin scurf. There is no regularity in the breaking out of the bullæ; in some cases they appear on the head, in others on the extremities or on other parts; they are principally noticed on the soles of the feet, in the palms of the hands, on the extremities, neck, chest and back. Nor do the bullæ break out all over at the same time; as the first dry up, new ones make their appearance, and they increase in number the more the disease develops itself; as the disease approaches its termination, the bullæ become likewise less numerous.

The general health of the child is but little affected when the bullæ are but few; but if they should be numerous and confluent, the children become restless, feverish, they grow thin, cry a good deal, scream with pain, which is increased by the clothes sticking to the skin and augmenting the inflammatory irritation.

This affection likewise arises from latent psora, or a scrofulous, cachectic and atrophied state of the body. Impure air, unhealthy dwellings, uncleanness, an unnatural temperature of the room, bed, or of the water which

is used for washing or bathing the child, favor the development of this disorder. If the child be otherwise well, and properly attended to, the bullæ disappear after the lapse of seven or nine days; if badly managed they may last several weeks or even months, and cause a gradual decline.

If the disease should require medical treatment, and a suitable change of diet, cleanliness and the like should not be sufficient to remove it, the physician will have to inquire into the constitutional state of his little patient, and he will find that some antipsoric remedy will generally be required to eradicate the complaint. Nevertheless, the local symptom should not be neglected, and it may be eminently useful to exhibit *Ranunculus-scleratus* 12th, or if the bullæ should be surrounded by a red border, *Rhus-tox.*, 18th; *Belladonna*, *Sepia* and *Dulcamara*, may likewise be indicated in some cases, more frequently certainly than *Clematis-erecta* 6th.

If the bullæ should change to ulcers, the physician will have to select among the following medicines: *Mercurius*, *Hepar-sulphuris*, *Sulphur*, *Graphites*, *Calcare*, *Zincum*, *Sepia*.

d.) *Tinea Recens-Natorum*, *Stearrhæa*, *Seborrhagia*  
(*Scald-head*.)

This is a yellowish, scaly covering of the head, especially the vertex; it looks like dirt and keeps spreading. It is caused by an excessive secretion from the follicular glands, which covers the skin like a crust formed of greasy sweat; or else the follicular secretion thickens when exposed to the air, and covers the scalp like a layer of grease. Uncleanliness is generally the cause of this trouble. Sometimes vermin will form under the scales, or the eruption may develop itself to a real *tinea*.

Medical treatment is scarcely ever necessary to remove the difficulty. Washing with a little warm water and soap, or water in which a little potash had been dis-

solved, is generally sufficient. If this should not be sufficient, the crust should be rubbed with a little sweet oil or fresh butter in the evening, the head wrapped up over night with a cloth, and then washed with soap and water on the following morning, after which the scales can be removed by means of a fine comb. Force should never be used, but this proceeding may have to be repeated several times. In the summer season we may use the yolk of an egg instead of butter or oil, but in that case the head has to be washed, immediately after the yolk had been rubbed in. In a few days the same process has to be repeated.

e.) *Impetigo-faciei*, *Impetigo-larvalis*, *Crusta-lactea*,  
*Tinea-lactea*, *Tinea-faciei*, *Porrigo-farosa*,  
(*Milk-crust.*)

This disease generally befalls infants at the breast, or it occurs during the period of dentition and frequently lasts until the third year; it generally befalls robust, fleshy children, having a white fine skin, and gradually spreads to the forehead, cheeks, temples, lips, chin, or over the whole face, except the nose.

The eruption generally consists of small, acuminate yellow pustules, ordinarily in clusters or groups; they itch violently, break and discharge a thickish matter, which changes to a dry, thick, humid, soft, yellow, green or blackish scurf, resembling dry honey. On examining the eruption more closely, we find it to consist of exactly "circumscribed, thick-set clusters of impetiginous pustules, standing on one or several erythematous circular spots; the cluster is surrounded by a red areola; the secretion continues under the scurfs; if a scurf be detached, the subjacent skin appears red, inflamed, dotted with a number of small points which secrete a purulent matter. The itching is sometimes so violent, that the children scratch themselves bloody, and the coagulated blood imparts to the scurf a blackish brown tint. According to others, the eruption does not cause any itching



at first, the pustules break spontaneously and discharge a fluid which causes new pustules to break out wherever it touches the skin, on which account we see the eruption spread sometimes in every direction, upwards and downwards. After the falling-off of the scurf, there remains a red and thin epidermis which sometimes scales off several times in succession until the skin assumes its natural appearance and consistence. When the disease is very acute, it may cause a good deal of pain and a considerable swelling of the face, with swelling and supuration of the lymphatic glands of the neck. Sometimes the eruption spreads as far as the eyes, invading even the lids, which assume a bright red color; the eyes remain generally free. There is scarcely ever any fever, and the general health of the child remains undisturbed, even if the eruption should be ever so extensive.

This is not a dangerous disease, unless other diseases should supervene, or it should be suddenly suppressed, in which case it may be followed by convulsions, emaciation, asthma, dropsy, and even death. Under the alloëopathic treatment with *Jacea*, the urine becomes turbid and flocculent, and has an acrid smell like the urine of cats. These, however, are drug-symptoms which never occur under homœopathic treatment. If, under this treatment, the urine should exhibit the aforesaid qualities, this would be an indication in favor of *Jacea*.

Mild forms of this disease will get well without any treatment. All that is required for this purpose, is to regulate the diet of both mother and child. The mother should content herself with plain diet, and take much exercise in the open air. If the child should be nursed by a person of a rather advanced age, or if her milk should not be of recent date, a young and recent nurse will have to be substituted. Every external covering or application that might irritate the child's skin, especially in the face, should be avoided, without, however, neglecting the necessary cleanliness. If the child's



digestion should be deranged, if acidity, diarrhoea or costiveness should trouble the child, these derangements will have to be treated in accordance with the rules laid down in previous chapters.

If a well regulated diet should not be sufficient to effect a cure, or if the eruption should originate in a scrofulous disposition, medical treatment will have to be employed; else the eruption might drag along beyond a reasonable period of time. If the children should be very restless and the eruption should seem to arise from an erythematous foundation, it is best to give a little *Aconite*. In twenty-four hours we may give *Rhus-t.* 30th, if the skin under the eruption be red and the rubbing and digging of the child denote a burning itching. I have employed *Staphysagria* 18th, with great success, when a yellowish, corrosive dampness oozed from under the scurfs, or new vesicles formed on the sore skin after the scurf had become detached, and when these vesicles broke and discharged the same yellowish corrosive fluid, giving rise to new pustules, and causing a progressive spreading of the eruption.

An excellent remedy for this eruption is *Jacea*, which allœopathic physicians had for years past borrowed from the domestic practice, and which they now feel disposed to drop, simply because they have never known its true value. When the intolerable burning-itching, particularly at night is accompanied by a turbid cloudy urine, smelling like cat's urine, *Jacea* will act like a specific remedy. *Dulcamara* is an excellent remedy for a variety of cutaneous eruptions, and also for porrigo. It is especially adapted to thick, brown-yellow, herpetic crusts on the face, forehead, temples and chin, or to small round brownish yellow crusts, with reddish borders, and liable to bleeding when scratched; the swelling of the glands adjoining the eruption does not counter-indicate it. The eruption for which *Cicuta-virosa* 30th, is a specific remedy, is characterized by thick scurfs on the cheeks,

chin, and around the upper lip, of a honey-color; they burn and secrete a dampness, are sometimes accompanied by swelling of the submaxillary glands, and by an incipient scurfy formation in the nose.

If the above-mentioned remedies should have no effect whatsoever on the disease, a dose of *Sulphur* will certainly go to the point; this may have to be followed by a dose of *Calcarea*, in regard to which the physician will have to decide. *Baryta-carbonica* 18th, might prove available if the submaxillary, cervical and parotid glands should be swollen and hard. *Mercurius* has seldom done me any good, unless there was a syphilitic taint. *Mezereum*, *Lycopodium* and *Graphites*, or even *Arsenicum* may have to be tried in some cases, especially when the disease does not seem to yield to any of the foregoing remedies.

The so-called crusta serpigiosa, which has been mistaken by physicians for crusta lactea, has first been demonstrated by Wichmann as an herpetic-syphilitic eruption. It resembles the crusta lactea in this, that it befalls children in the first months of their existence, especially during the period of lactation, and is likewise located on those parts of the head which are not covered by hair. *Autenrieth* considers it as a form of the itch modified by the infantile constitution.

First we discover a red, itching spot on the cheek, in front of the ear, near the parotid gland, dotted with a number of small, dark, little pimples gradually changing to small vesicles surrounded by bright-red borders and causing an excessively-violent itching. The vesicles break and discharge a fluid the quantity of which is very considerable in proportion to their size, and which is of an acrid, serous and corrosive quality, and induces the child to scratch continually. Wherever the secretion comes in contact with the skin, a new exudation takes place. In this way the eruption, feeding itself, keeps spreading farther and farther, even as far as the lids,

neck, back, loins and extremities. The crusts which form, are small, flat, not so thick or dark-colored, and rather of an herpetic nature.

The eruption causes constant restlessness, sleeplessness, and general prostration and emaciation, accompanied by digestive derangements. Autenrieth has observed, in combination with this disease, swelling of the axillary and inguinal glands, abscesses on the trunk and extremities, which, after healing, leave the skin for a long time of a dark-blueish color.

It is doubtful whether such an exanthem can develop itself without a previous psoric disposition in the mother or nurse. If the exanthem should be left to itself, without treatment, it may remain for years.

As regards diet and general hygiene, I refer the reader to my remarks on this subject in connection with *crusta lactea*. The therapeutic treatment comprehends principally the remedies which have been mentioned for *crusta lactea*; but if the disease should have taken deep root in the child's organism, these remedies will be found insufficient, and a very high potency of *Sarsaparilla* will have to be exhibited. This agent is particularly indicated when the eruption is seated on an extensive, inflamed basis, and the little patient is cross and cries a good deal; it is likewise indicated when the little crusts become detached in the open air, and the subjacent skin looks cracked and chapped. It is questionable whether the medicine should be repeated. It is very efficacious in this disease, according to my own experience, but just as inefficacious in *crusta lactea*. Next to *Sarsaparilla*, I mention *Arsenicum-album* which will effect a cure even after the disease has attained a high degree of development. It is not only the form and character of the eruption which calls for the exhibition of Arsenic, but the accompanying symptoms likewise, especially the derangement of the gastric functions, and the increasing debility.\*

---

\* This affords a suitable opportunity of testifying to the efficacy of the 200th potency of Arsenic in this disease. The little patient, was an

*Clematis-erecta* 6th, seems to be more particularly indicated by a miliary eruption with violent itching; the tips of the eruption contain just lymph enough to produce a dampness, but the scurfs which are of a blackish-brown color, are small, and a little dampness keeps exuding between the scurfs, by means of which the eruption gradually spreads onward. The part upon which the eruption is seated, is somewhat swollen, and its temperature is somewhat elevated and it is slightly redder than other parts. Some cases of *crusta serpigiosa* will yield to *Sepia* 30th; it is known that this remedy has a tendency to produce eruptions in the face, though I am free to confess that I have not much experience in using this drug. The same remark applies to *Acidum-phosphoricum* 30th, and *Natrum-muriaticum* 30th.

There are cases of *crusta serpigiosa* where all our best and most carefully-selected remedies leave us in the lurch. In such cases I have seen admirable effects from *Psoricum*, which is so much opposed by some homœopathic physicians. After the *Psoricum Sulphur* will be found to act much better than previous to the exhibition of the isopathic agent.

#### f.) *Miliaria*.

This eruption is very apt to occur in the summer-months, if the children are kept too warm and the skin is in a constant state of irritation in consequence. There is scarcely ever any fever as long as the disease is not

---

infant and had recently been vaccinated. It was supposed at the time that the child had been vaccinated with bad matter. The pock on the arm was a large bulla filled with a very thin, dark-yellow, angry-looking fluid. The eruption commenced on the forehead, spread downwards, involving the eyes and threatening to destroy the sight; cheeks, lips and even parts of the chest, neck and arms were covered with the eruption which formed dark-brown, blackish scurfs, from beneath which a thin, malignant, extremely corrosive liquid kept constantly oozing out. One globules of *Arsenic* 200th, cured the patient completely in three days.—*Hempel*.

complicated with some other affection, but the gnawing and stinging which characterize such an eruption, render the child restless. It is of great importance to the comfort of the child, during such an eruption, that its diaper should be changed as soon and as often as necessary; for the urinary and alvine secretions are not only unpleasant to the skin, but they cause a painful soreness which may lead to ulceration, especially if some cachexia or dyscrasia be hidden in the child's constitution.

This eruption may last from a few days to several weeks. If it should have been caused by the child being kept too warm, and should have spread over the whole body, it may give the child a good deal of trouble for several weeks.

It is scarcely necessary to give any medicine for such an eruption. It will generally disappear of itself, provided the child is kept a little cooler and bathed once a day in a little tepid rain-water. The linen of the child should likewise be changed quite frequently. If the child should be very restless and feverish, a little *Aconite* will quiet it, and help, in conjunction with suitable dietetic and hygienic means, to free the child from its trouble. If *Aconite* should not be sufficient, *Chamomilla* 12th, will frequently produce the desired result, or, if this should likewise leave the cure incomplete, *Sulphur* 30th, may be tried.

g.) *Eczema* (Heat).

This eruption likewise shows itself during the first months of the child's life, and will befall strong and healthy as well as weakly and sickly children. It may therefore, in many respects, be attributed to improper management. The eczema consists of very red, small, acuminated blisters, which are always isolated and never run into each other. They occur most frequently in the face, on the nape of the neck and forearms; they are neither attended with fever nor with other secondary ailments, last

for an indefinite period of time, and frequently disappear all at once.

This breaking out is said to be favored by the use of unsuitable nourishment which deranges the digestive functions. It is generally met with in children whose digestive organs are weak. It would seem, therefore, as though all that were required to remove this eruption, would be to pursue a proper diet, to keep the skin clean and dry, and to treat the gastric disturbance with one or more of the remedies which have been recommended for such affections in the respective chapters. Nevertheless it cannot be denied that eczema may likewise result from an extreme sensitiveness of the skin to changes of temperature or weather, and that it may be the first manifestation of the hereditary psoric taint in the infantile organism. These considerations have induced me to prescribe in some cases *Dulcamara* 6th, a few doses, or, if this did not seem to suffice, a dose of *Sulphur* 30th. There are no other medicines required for the removal of this disease, which is different from the eczema of full-grown persons, where *Dulcamara* and *Sulphur* would indeed not be sufficient.

#### *h.) Dampness.*

This affection is most frequently seen behind the ears, during the period of dentition, when there seems to be a more or less constant tendency to congestion toward the superior organs. As it dries up behind the ears, it sometimes spreads downwards towards the neck, or towards the eyes; the hairs in the neighborhood of the ear will sometimes be made to stick together by this moisture, which then assumes the form of tinea. First there appears behind the ears a moisture which resembles sweat; this soon becomes more copious and thickens, assuming the consistence of lymph. In consequence of this secretion the epidermis is softened and detached, and the parts become sore. This dampness dries up on the skin, form-



ing a sort of granular scurf, from under which the dampness continues to be secreted.

This trouble has always to be treated in connection with the other ailments incident to dentition, of which I propose to treat in the last chapter of this first part of my work. Suffice it here to say that the humid parts have to be washed quite frequently if we wish to prevent the formation of ulcers. If little scurfs should have formed, they have to be softened by rubbing a little oil on them, after which they can easily be washed off with water in which a little bran has been mixed. Suitable remedies are: *Calcarea*, *Sulphur*, *Lycopodium*, *Graphites*, *Aurum*, *Mercurius*, *Hepar-sulphuris*, &c.

In cases where internal treatment seemed to be without any avail, I have frequently succeeded in affording the patient relief by the application of cotton to the sore parts. The cotton immediately adheres to the skin, soothes the pain almost immediately, and then drops off as soon as the parts are dry and healed.

---

## CHAPTER XXVII.

### SPASMS.

In childhood the nervous system is so easily excited or irritated that spasms are quite common among children. They come and pass off again with the same facility. Spasm is an erethic condition of the nervous system, and is either tonic (permanent contraction), or clonic (relaxing contraction); this distinction is not essential, however, for these two varieties of spasm may run into each other. While an organ is in a state of spasmodic irritation, its functions are disturbed, and it is this functional derangement rather than the spasmodic irritation which should be the object of the physician's care. The action of antispasmodic remedies is generally of short duration, and it is therefore proper to repeat the dose.

Among the spasms to which children are subject, we distinguish particularly tetanus, internal or cerebral spasms and convulsions.

a.) *Trismus and Tetanus-neonatorum* (*Lockjaw of newborn infants*).

Canstatt comprises both these kinds of spasms, trismus and tetanus, in the same article. The pathological character of both is an erethic condition of the spinal marrow and the motor nerves arising from it; they differ only in degree. In a work of this kind it is so much less necessary to distinguish them as two separate diseases, the treatment being the same.

*Symptoms.*—In some cases the attack sets in without, in others with precursory symptoms. These are: restlessness, crying, frequent yawning, trembling of the lower jaw, blueish ring around the eyes and lips, sudden starting during sleep, shrieking, unusual desire for the breast, which the infant relinquishes again immediately, with screaming and starting. Generally the bowels are torpid, or else there are greenish, slimy and indurated passages; sometimes the albuginea has a somewhat yellowish tint; the urine leaves a yellow stain on the diaper. According to *Schneemann*, one of the first and most permanently recurring symptoms is distention and hardness of the abdomen, which is sensitive to contact, and in the right hypochondriac region, hot to the hand. The duration of these precursory symptoms is several days, either permanently or at intervals.

The setting in of trismus is known by the appearance of violent muscular spasms, especially in the extremities and face. The jaws are either spasmodically closed or else they are slightly opened, but rigid. The masseter muscles feel hard as boards; there is froth at the mouth; the face during the paroxysm turns blue, and of a copper color; the eyes stare, they are dim, filled with tears, and the pupils are dilated. During the remission the

face is pale and has a peculiar expression of suffering, the skin on the forehead being drawn into large folds, extending as far as the temples, the eyelids being spasmodically closed, and they, as well as the pointed mouth and nose, being covered with circular wrinkles. When the dorsal muscles are affected by the spasm, it has the form of opisthotonos; the abdomen is frequently stretched, especially in the umbilical region; the breathing is heavy, anxious and hissing. The paroxysms recur at irregular intervals, but even during the remissions the muscles remain rigid, and the fingers and toes are spasmodically bent. The children are unable to nurse, they lie in a state of apparent slumber. The pulse is small, from 110 to 130 beats. The paroxysms recur every fifteen or thirty minutes, and are more violent and last longer at the commencement, than at a later stage of the disease.

This stage lasts from twenty-four hours to two and even eight days; the general collapse increases, the pulse and the beats of the heart grow smaller, they become imperceptible, the paroxysms set in more frequently, at shorter intervals, say every five minutes, but they do not hold on as long, the body becomes cold and stiff, the breathing short, panting, intermitting; the coma is complete; in some cases miliaria breaks out on the face and neck, shortly before death, without sweat. *Canstatt.*

*Causes.*—A predisposition to this kind of spasm only exists in the first period of the infant's life; from the first to the ninth day, never after the eleventh, most frequently on the seventh. This observation has given rise to the theory that inasmuch as the tetanus of full-grown persons is frequently caused by some mechanical injury, the tetanus of infants might be owing to lesions of the umbilical cord, such as rough handling, pulling, or ulceration. Post-mortem examinations have shown that such lesions exist; both the umbilical vessels have

been found dilated, red, softened, ulcerated, filled with pus, ichor, and surrounded with a purulent exudation. *Schneemann* has seen the liver of a dark, blackish color, dotted with pus, or showing real abscesses; in one case the umbilical vein was in a state of suppuration throughout its whole course. Trismus has likewise been known to set in after cutting the frænum linguæ, piercing the lobules of the ears. (*Hufeland.*) The bare fact of inflicting such a wound, does not seem to be the sole cause of the spasm; there are generally other hurtful influences existing, that seem to cause the spasmodic irritation, such as: the miasmatic atmosphere in lying-in hospitals, crowded rooms among poor people, exposure to cold at baptism or while bathing the child, bad food, retention of the meconium. In some regions the disease occurs only at particular periods, or in consequence of particular influences, such as: damp and cold weather, hot summer days followed by cold nights, during the winter and spring months; or in consequence of sudden and violent emotions, chagrin, anger, &c., during pregnancy, or while nursing the infants.

Recovery is very rare, and generally is attended with sweat and bilious stools. Death takes place by asphyxia or is accompanied by coma. All these remarks go to show that the prognosis is very unfavorable; the more acute the attack, or the nearer to the period of parturition, the greater the danger.

*Homœopathic Treatment.*—Though as yet very imperfect, yet our treatment of this disease is much more successful and feasible than the old school mode of proceeding. It is an easy thing for us to get a little globule on the child's tongue, and even if this should be impossible, the medicine may be held under the child's nose, and by acting upon the olfactory nerves, may influence the nervous system generally and effect a cure. In a disease of this kind, olfaction is an eminently proper mode of administering our medicines, for the olfactory

no more than the gustatory nerves lose their sensibility during the paroxysm. Old school physicians have to resort to external applications almost exclusively, for the jaws being closed, no medicine can be got into the child's mouth.

Before proceeding further, I will say a few words about *the hiccough of infants*, which is apt to frighten mothers a good deal. In the first period of the infant's life, every little exposure, every little change of temperature, is apt to excite the difficulty, and nature is abundantly able to remove it without the interference of art. The child should be got warm by putting it to the breast, or a little water and sugar may be dropped into the child's mouth.

A specific remedy for trismus and tetanus, both for the spinal irritation in which these spasms seem to originate, and for the precursory and accompanying symptoms, the sudden starting from sleep as in affright, the anxious staring look with an expression of fright and dementia, the excessive dilatation of the pupils, the tetanic rigidity and icy coldness of the whole body, with burning heat of the hands and forehead, the stupor after the spasm ceases, &c., is *Belladonna* 30th. Nevertheless, if there should be any local exciting causes, they have to be removed likewise ; for instance, if there should be much inflammation at the umbilicus, *Aconite* and *Arnica* will have to be given for it; or if ulceration should have set in, *Mercurius-solubilis* in alternation with *Hepar-sulphuris*. As was said above, lesions of the umbilical cord are of a great importance, and may occasion extensive and dangerous internal disorganizations. If other injuries should have taken place, and there should seem to be a connection between them and the spasmodic attack, *Arnica* may likewise be resorted to. If the attack should seem to be occasioned by retention of the meconium, *Nux-vomica* may be given. If an emotion of the mother or nurse should seem to be the



cause of the attack, *Chamomilla*, *Ignatia* or *Aconite* should be exhibited. It is a matter of course that all other noxious influences, such as atmospheric miasms, exposure to cold, &c., should have to be avoided.

If the attack should set in with such violence that the child's life might be destroyed, before the appropriate remedy would have time to act, we may hold a vial of the second or third attenuation of *Camphor* under the child's nose every two or three minutes, for the purpose of palliating the intensity of the spasm, after which the suitable therapeutic agent may be administered. This palliative mode is particularly useful when the attack sets in suddenly, without any precursory symptoms.

I have seen a case of tetanus set in while the infant was at the mother's breast. The mother had a sudden fright, and although the infant relinquished the breast on the instant, the spasm set in nevertheless and threatened to become fatal. Happening to be present, I gave a globule of *Opium* 6th, after which a soporous condition set in, which gradually changed to a quiet sleep that lasted about a quarter of an hour, and from which the child awoke refreshed and in good spirits. In general, opium is an excellent remedy for this kind of spasm, when it sets in suddenly, preceded by a violent trembling of the whole body, mingled with violent stretching of the limbs; during the paroxysm the child utters piercing cries.

*Ignatia-amara* is not only an available medicine in this disease when it breaks out in consequence of some emotion, but likewise when the therapeutic indications are vague, or when the paroxysms recur at regular intervals and are interrupted by piercing cries and trembling of the body.

b.) *Eclampsia Neonatorum*, (*Internal Spasms*.)

Eclampsia differs from epilepsy in this, that epilepsy is a chronic malady, whereas eclampsia is acute. In



eclampsia the paroxysms follow in rapid succession, and even the remissions are never entirely perfect. It seems to be less an affection of the nervous system than of the blood.

The symptoms of these internal spasms are: slight twitchings or contortions of the facial muscles, risus sardonius, rolling of the eyes, sudden shrieking, restless sleep, turning and rolling of the head. The children draw up their legs and then stretch them again with sudden violence; they frequently change color, with blueish rings around the eyes and mouth, and chewing motions around the latter; at times the eyes squint. The respiration is difficult and short. During the short period of rest, the eyelids are not entirely closed and the eyeballs are rolled up, so that only the whites can be seen. If the child be put to the breast, it takes hold of the latter very greedily, draws a little, and then lets go of the nipple with a loud cry and constant twisting and turning of the body, after which it again seizes the breast greedily and draws a little milk.

If the spasms should become very violent, they assume the form of epilepsy and are characterised by symptoms like the following: contortion of the features, staring and rolling of the eyes, jerking the head backwards, convulsive shaking of the breast and abdomen, panting breathing, hoarse crowing or moaning, alternate rigidity of, and violent stamping with, the extremities, small, frequent, irregular pulse. There is rarely any froth at the mouth, and the tongue does not protrude.

Eclampsia may take place with plethoric children as well as with those of opposite constitutions. In the former the face swells, and assumes a dark-blue, purple-red color; the veins of the neck and forehead become more prominent like cords; the skin has a livid, dark-red color, the extremities swell, the spasms are no longer tetanic or tonic; the temperature of the skin is raised, but the hands and feet are cold. During the remissions

the pulse is full and hard. The fontanelles become raised and convex. Among children of the second class the face is pale, sunken, the skin cold ; the blood seems to have disappeared from the tissues, the conjunctiva and cornea have lost their lustre ; the convulsions are more of a clonic nature ; the fontanelles are said to be depressed and concave.

The paroxysm generally lasts a few seconds or minutes, sometimes a quarter of an hour ; it is followed by a complete state of relaxation or a comatose stupor ; infants refuse the breasts. The remission lasts only a short time, and shows symptoms of cerebral congestion (hot face, injected eyes, restlessness, sopor, fever, &c.). The more frequent the paroxysms, the more violent ; in many cases the child dies after the first attack.

After passing wind, the child seems relieved, and after a spontaneous vomiting or copious green stools, the symptoms seem to subside entirely. These internal spasms seem to arise from a derangement of the digestive functions caused either by improper nourishment or by the vitiated milk of the mother. The greatest disposition for such attacks exists until the 3d or 4th year, and after that until the period of the second dentition. It may be hereditary (large skull, retarded closing of the fontanelles, white and delicate skin, slender muscles, staring look, unnatural quickness in the child's motions, frequent starting, premature intellectual development). Children inherit the disposition from nervous, hysteric, epileptic mothers ; emotions, such as fright, spasms of the mother during pregnancy, frequently cause it. According to *Romberg*, fleshy, plethoric children are more liable to being attacked by the disease than thin, pale, cachectic children.

We distinguish *idiopathic* and *deuteropathic* eclampsia. The former is caused by mechanical irritation during the act of parturition, by irritation of the brain and spinal marrow, by inflammation of the brain, &c., and it is al-

ways preceded by heat of the head, sopor, &c. The other kind originates in some gastric derangement, or is caused by the process of dentition, by exposure to cold or wet, or by the sudden suppression of some morbid secretion. A condition resembling that of eclampsia is frequently observed during the precursory stage of an acute fever.

The prognosis is very unfavorable. The younger the children, the more dangerous the disease. An hereditary disposition for this disease is frequently accompanied by hereditary and incurable organic diseases of the central organs of the nervous system. *Metastatic* eclampsia, caused by the suppression of some secretion, and eclampsia depending upon vitiated or poisoned milk of the mother or nurse, are likewise very dangerous. Less dangerous is the eclampsia occurring during the stage of incubation of some acute exanthematic disease. The less numerous the precursory symptoms, or the more violent and long-lasting the attack, the more dangerous the disease.

If the attack should seem to be depending upon a gastric disturbance, the reader will please read over the chapter of the gastric affections, where he will probably find a remedy for the present case. The bandage should be taken off the navel, in order to relieve the stomach of all pressure. Warm clothes should be applied to the abdomen which may likewise be rubbed with flannel. This treatment, however, is not sufficient. For it might be the case that these spasms which are generally attended with sopor, should point to an incipient cerebral inflammation and that flatulence should not be the sole cause of their occurrence. Upon a careful review of all the perceptible symptoms, it may be found that a minute dose of *Chamomilla* may be the best remedy to be employed, for it not only corresponds to the flatulence, but likewise to the collateral symptoms, especially the diarrhœa; but if the vomiting should prevail, *Ipecacuanha* 6th may be substituted. If the symptoms should distinctly indicate an inflammatory condition of the brain, *Belladonna* should

be exhibited, and if the nervous character of the disease should predominate, and strabismus be present, *Stramonium* 12th, is the appropriate remedy. I have given *Secale-cornutum* 12th, with advantage, when the following symptoms indicated its use: twitching of this or that portion of the muscles of the face, mouth, and eyes, or of single fingers and toes; twisting the head to and fro, contortion of the hands and feet; labored, anxious or sobbing respiration, with incipient suffocative catarrh and subsultus tendinum.

I will mention a few other remedies which may be indicated in eclampsia. *Ignatia-amara*: convulsive motions of the extremities, eyes and eyelids, muscles of the face and lips; the head is twisted back; the face looks blueish or is bright-red (in such a case *Belladonna* may likewise be indicated), or one cheek is red, the other pale, or they are alternately red and pale; spasms of the fauces and larynx, with suffocation and difficulty of swallowing; loss of consciousness, with involuntary shrieking; frequent recurrence of these symptoms.

*Arsenicum-album* 30th: sudden tossing of the arms with loss of consciousness; the child lies as if dead, is pale but warm, turns its hands about and draws up its arms, in a few minutes the mouth is drawn to the right, then to the left side; the breathing seems to be arrested; in about a quarter of an hour the attack terminates with a jerk through the whole body and violent pushing of the arms and legs, after which the consciousness gradually returns. This medicine may sometimes be given at the commencement of the attack, and the whole difficulty may be arrested and cut short by means of it. The burning heat of the whole body, the dry and cracked lips, the licking with the tongue, the hurried drinking, the twitching of single limbs during a restless sleep, and even an intense expression of anxiety or even an alteration of the features, sometimes announce the approach of these internal spasms, which often are suppressed in such a case by Arsenic.

*Cuprum-metallicum* 30th; the spasms have the character of epilepsy; the whole head looks bloated, the face is bloated and red, and the child utters piercing cries. The paroxysm is preceded by retching, which results in the bringing up a quantity of phlegm. After the consciousness returns, the child twists its little body, bends it double, screams, the abdomen is bloated and hard, there are involuntary, liquid stools, and the contortions and convulsive motions of the extremities continue uninterruptedly, until another paroxysm sets in.

*Zincum-metallicum* 30th; this agent is a favorite remedy of the Old-School in this disease, and homœopathic physicians likewise employ it, but only in cases of a lighter nature, when the child cries out during sleep without waking; but if it do wake, there is an expression of fear in the countenance and the head is anxiously rolled about. Previously existing symptoms sometimes point to this drug, such as burning heat of the whole body, when the child is put to bed in the evening, anxiety and restlessness, frequent starting in the day time, twitching of single muscles, the right side of the body is more affected than the left; the child had been cross and irritable for some days past, with hurried motions, distended abdomen as from flatulence, and more frequent passage of urine.

*Cicuta-virosa* 30th: the child which seemed to be in good spirits and well, suddenly grows rigid and immovable, and a few minutes after seems to be quite prostrated and relaxed; this condition recurs several times and lasts a little longer each time. In actual eclampsia this remedy is indicated by strange motions and contortions of the limbs, head and trunk; the face is blueish and bloated, and after the convulsions are over, the child is without consciousness and as if dead, and the extremities tremble violently.

If the eclampsia should have been caused by fright, affecting the child either directly or through the milk of

the mother, a small dose of *Opium* 6th, if given immediately, will sometimes stay the development of the attack. But if some time should have elapsed before the physician sees the patient, a dose of *Aconite* may be given, to be followed by a dose of *Hyocyamus*, which remedy is generally indicated by the following symptoms: rush of blood to the head, with red and bloated face, spasmodic contraction of the abdominal muscles, quickly shifting motions and contortions of one part or the other, or even of the whole body, with excessive wakefulness and involuntary emission of urine, and sometimes convulsions.

*Stramonium* 12th, is perhaps still more indicated in eclampsia, by the following symptoms: lock-jaw, rigidity of the whole body, or spasmodic stiffness of the extremities alternating with convulsive jerks, soporous sleep, profuse discharge of urine, heat all over, redness and bloatedness of the face, &c.

I have given *Cina* 12th, with advantage in cases of eclampsia, when the attack was excited by a spasmodic dry cough which had lasted for several days previous, and when the attack set in with a loud cry, almost like an epileptic fit.

*Nux-moschata* 3d, is recommended by some; I have never used it in my own practice.

#### NOTE BY DR. HEMPEL.

One of the most distinguished remedies in eclampsia infantum is *Aconite*. It is a great mistake to suppose that this remedy is only indicated when there is fever, a full bounding pulse, dry and hot skin, &c. Among the known series of symptoms by which its action upon the organism is characterized, there are many which point to eclampsia as characteristically, as those of any other medicine. Collapsed pulse, expression of the countenance as if transfigured, or expression of terror and imbecility, hippocratic countenance, alteration of the



features, glistening and staring eyes, dilatation of the pupils, twitchings of the facial muscles, rigidity of the body, frequent change of color, alternate redness and paleness of the cheeks, bloating of the head and face, sudden shrieking and starting, shocks in the limbs, involuntary pressing of the lower-jaw against the upper, or even lock-jaw, stiffness of the jaws, catalepsy, crowing sound of the voice, spasm of the throat, with singultus and symptoms of suffocation, sobbing; these are some of the symptoms which point to Aconite as one of the principal, if not the principal remedial agent for eclampsia. We know that it has been used in this disorder with the most distinguished success.

c.) *Convulsions.*

These involuntary alternate contractions and extensions of the muscles are caused by irritation of the brain and spinal marrow. The voluntary muscles, especially those of the extremities, are principally affected by the attack. The convulsions are frequently accompanied by loss of consciousness, or internal spasms; in most cases they are the result of some other more deep-seated disorder, or else a mere symptom of constitutional irritation, and are very apt to occur during the period of dentition, when the brain seems to be more excited than the reproductive system.

Precuratory symptoms of the convulsions are: restlessness, want of sleep, the children suddenly grasp the breast and then let go of it again, they moan or cry. During the remission they close their eyes but imperfectly, and it can be seen how the children roll them or turn up the whites. Soon after the fingers begin to twitch, the children wake with a start, change color frequently, and seem oppressed, anxious; the breathing intermits. The convulsions themselves commence with yawning, stretching of the limbs and body, rolling of the eyes, or else they are set, after which the convulsions develop them-

selves, sometimes affecting one, at other times several parts of the body. They have different starting points, sometimes emanating from the face, at other times from the abdomen or chest, and then following a course which seems to depend somewhat upon the original starting point. They are accompanied by violent rush of blood to the head, redness and bloatedness of the face, blueness of the lips and tongue, rolling of the tongue, sweat all over. Sometimes they are combined with opisthonos and trembling of the lower jaw, as in fever and ague. After the convulsions have lasted more or less time, the child becomes quiet again, draws a long and heavy breath, falls into a deep sleep, looks pale, and shows blue rings around the eyes. Strangury, eructations and flatulence are sometimes present during the attack. (*Meissner.*)

Weakly, delicate children of an irritable disposition, are more frequently attacked by convulsions than strong healthy children; they occur more frequently in a warm than cold climate. The division of convulsions into acute and chronic, active (sthenic) and passive (asthenic), inflammatory, gastric and nervous convulsions, is of no practical value, certainly not for the homœopathic physician who selects his remedy in accordance with all the symptoms.

Such convulsions are caused by dietetic transgressions committed by the mother or nurse, by principally by violent emotions of a pleasant or unpleasant kind which suddenly happen to the mother or nurse, or by a derangement of the gastric functions of the child, by a cold or by an inflammatory condition of the abdominal organs. Next to teething they frequently occur during the period of incubation of acute exanthemata, or in consequence of the sudden suppression of either an acute or chronic exanthem; they also take place in consequence of cerebral congestion, inflammatory irritation of the brain and spinal marrow, pressure on the brain, concussion of the brain, &c.

The prognosis is not always favorable, and a homœopathic physician would not act discreetly if he were to make any rash promises in regard to a cure, which especially in a disorder of this kind, is so easily disturbed. An apoplectic condition or effusion into the substance of the brain may exist when the convulsions first set in, and it is not always possible to know this at once. The prognosis does not always depend upon the duration of the convulsions; for death may ensue in a few minutes, whereas, in other cases, convulsions have lasted for hours and even days without terminating fatally. Convulsions which set in after concussion of the brain, are probably the most dangerous, those caused by an error in diet, are less so, and the least dangerous are those which occur during the irritative stage of an acute exanthem.

*Homœopathic Treatment.*—To treat convulsions successfully, it is important to know what caused them, and to select our remedy accordingly. Taking into consideration the exciting cause and the characteristic symptoms, we will find *Belladonna* indicated by the following group: the child is fleshy and of a plethoric habit; the convulsions are more frequent and more violent in the evening and night, and are excited again by the least contact; the head and extremities are in constant motion; the sleep is interrupted by cries, moaning, starting, and jerks through the whole body like electric shocks; burning heat all over, with redness of the skin, trembling of the limbs, anxiety, short, quick, stertorous breathing, and visible oppression of the chest. This agent is likewise indicated at a later stage of the disease, when the children suddenly become rigid, with distortion of the eyeballs and features, and the convulsions are mingled with tossing of the limbs, spasmodic motions sideways or backwards, bright redness and bloat of the face.

*Ignatia*, (especially when the attack is characterized

by trembling of the lower jaw,) *Chamomilla*, *Ipecacuanha*, and the other medicines, which have been recommended for spasms and eclampsia, are likewise valuable agents in this disease. There is one remedy which no homœopathic physician should forget in an attack of convulsions, but which he might have the great misfortune of omitting to use in this disease, simply because he might think that a medicine which is so extensively used in a variety of other diseases, cannot possibly do much good in an attack of convulsions. This remedy is *Aconite*. It is not the synochal fever alone for which this medicine is an invaluable remedy, but it is more properly the nervous irritation which indicates Aconite, and which is the primary cause of the commotion in the arterial system. I confess that formerly, when I had no experience in the use of this universal agent, I committed the mistake of not employing it until the pulse seemed to call for its administration. It was not until I had made several successful cures with Aconite, in cases where homœopathic physicians generally would not have recommended it, that I became enlightened about the varied uses of this drug, and that I became convinced of the necessity of not allowing one's mind to be captivated by one prominent symptom to such a degree that the more interior and therefore more essential sphere of action of a drug is overlooked. The following symptoms are characteristic indications of this medicine: the child seems to feel pain when touched or moved ever so gently, and becomes nervous, especially at night, when the irritation of the nervous system frequently increases to violent convulsions in the extremities, extorting a piercing cry from the little sufferer, and accompanied or followed by rigidity of the body, lock-jaw, distortion of the eyeballs, alternate redness and paleness of the face, convulsions. These symptoms might point to *Coffea*, especially, however, if the feverish symptoms were wanting, and the children had delicate, irritable and weakly constitutions. *Coffea*

might likewise be tried, if the convulsive attack originated in a sudden and violent joyful emotion; but if the mother or nurse were in the habit of drinking coffee, *Aconite* would be the best remedy. (See Dr. Hempel's note on *Aconite*, page 189.)

I have not had an opportunity of using *Lachesis* 30th; but I should think that it might be a very useful remedy in this disease, and for spasms of children generally, if the convulsions should be very violent, affect more particularly the face, and be accompanied by rigidity and stretching of the whole body; they generally set in with a violent cry, about midnight, rousing the child from its sleep, and causing it to moan. *Causticum* 30th, is indicated by the following symptoms: convulsive motions, jerks and twitchings, especially of the upper parts of the body, accompanied by fever-heat, but coldness of the hands and feet; the convulsions of the extremities are worse in the evening, in bed, whilst the child is slumbering; during this paroxysm the eyes become distorted and the body icy-cold. *Acidum hydrocyanicum* 3d, deserves to be thought of, when the muscles of the back, face and jaws are principally involved and the body assumes a blueish tint. *Laurocerasus* 6th, ranks on a par with the last named agent. *Cina* 6th, *Mercurius-solubilis* 12th, and *Asafœtida* 12th, deserve to be regarded when the attack seems to proceed from worms. *Cicuta-virosa* 30th, is a very useful remedy when the paroxysm is characterized by the following symptoms: spasmodic contortions and twitchings, convulsive tossing of the extremities from one side to the other, frequent shocks through the head, arms and legs, sudden jerking, contraction and extension of the extremities, spasmodic rigidity of the body, opisthotonic or emprosthotonic curvature of the back.

*Solanum-nigrum* 6th, acts similarly to *Secale-cornutum* and may complete a cure which had been commenced with *Secale*. If there be a probability, as for instance in

a year when the crops had failed, that the convulsions might have been caused by vitiated or diseased corn, *Solanum-nigrum* will be a much better remedy to be employed than *Secale-cornutum*.

---

## CHAPTER XXVIII.

### DIFFICULT DENTITION.

Like the passage from the womb into the atmosphere, or the substitution of other aliments for the milk of the mother, so the process of teething constitutes a natural phasis of development in the child's life. During such periods of development, the organic forces of the organism undergo great changes of locality and relation, single organs or systems are strikingly modified in their functions and constitution, in consequence of which one or more organs, or even the whole organism become endowed with an excess of irritability which may lead to disease. Teething of itself is no disease, but the process of teething may be disturbed by external causes, or the functions of a particular organ, or of the whole organism, being unusually sensitive during this period, and therefore liable to being disturbed, may be interrupted by some contrary influence, and a disease may set in which the common belief, ignorance or superstition attribute to teething.

In the first and second year of the child's life, the central organs of the nervous system and of the digestive apparatus, are engaged in a constant state of progressive development. Teething is a part of the development of the gastric organs, with which it is intimately connected; hence cerebral congestions and inflammations, spasms, eruptions on the head and skin, diseases of the mouth, softening of the stomach, enteritis, diarrhœa, scrofula, &c. are quite common occurrences during this period. Difficult dentition is attended with various local phenomena: the face



is hot and red, the mucous membrane of the mouth feels hot; the gums at the spot where the tooth wants to pierce, are red, swollen, sometimes of a whitish color, hard, sensitive to contact, there is a constant dribbling of the saliva, the children like to bite on something hard, or to crowd their little fists into their mouths, &c. In complicated cases the tonsils and parotid glands appear swollen, the eyes are inflamed, the mouth breaks out; the child is obstinate, its sleep is uneasy, it becomes thin and languid, is unable to carry its head erect, and wants to rest it all the time on the shoulders of the mother or nurse; it has no appetite, and is especially averse to warm food or drink.

The first period of teething extends from the fifth to the fifteenth or sixteenth month, and the process of teething takes place in the following order: After the first six months, the two middle incisores of the lower jaw first break through, after that the two outer incisores adjoining the former, and at the end of the first year or a little later the first four molares. After these the cuspidati make their appearance, and then four other molares. These twenty teeth, which generally are fully developed at the end of the second year, are called *milk-teeth*; they do not always break through in the above-described order; this, however, would be an exception not dangerous to the health of the infant.

Some physicians are in the habit of lancing the gums for the purpose of facilitating the teething. This is a very bad fashion, and the scar which sometimes forms, so far from facilitating the cutting of the teeth, renders the gums harder and retards the process of dentition.

Physicians who have a true knowledge of disease generally, and who are correct and careful observers, have no difficulty to diagnose the true character of the diseases that may befall a child during the period of dentition. As regards the prognosis they will likewise be careful not to make any rash promises, for they are well aware that

even a slight indisposition, if occurring during this period, may take a serious turn when the organism is in a high state of sensitiveness, as is the case while the children are teething.

The phenomena of functional disturbance which sometimes occur during the period of teething, do not, properly speaking, require any treatment provided they are caused by the teething and do not seem to be serious. Old School physicians especially are anxious, and rightly so, to avoid giving the child any medicine, but the homœopathic physician need not be afraid of resorting to his globule, if necessary, were the medicine ever so powerful.

If the children should be very restless, obstinate, wakeful, it is well to control this nervousness with a dose of *Coffea*, unless the mother should be in the habit of drinking a good deal of it, in which case a dose of *Aconite* may be given, which may, in some cases, have to be followed by a dose of *Chamomilla*. If the nervousness of the child should be more or less traceable to the abuse of coffee by the mother, and the child's face should be red, without fever, *Opium* 6th, will remove the difficulty. Nevertheless there may be cases, when the sleeplessness will continue and the child keep growing thinner; under such circumstances a dose of *Belladonna* 30th, or *Borax* 30th, will be found an efficient means of controlling the wakefulness.

The symptoms which ordinarily occur during the process of teething, the local affections, the diarrhœa, the little red pimples in the face and on the skin of the body, do not require any particular treatment, provided they are not excessive. It is only when the teething does not seem to progress with sufficient promptitude or the collateral symptoms become very troublesome, that a few doses of *Calcarea-carbonica* 6th or 12th, may be exhibited.

The constipation, diarrhœa, dysentery, spasms and convulsions, which sometimes supervene during the process

of teething, require to be treated in accordance with the rules laid down in the chapters respectively devoted to these disorders.

The fever which is sometimes present during the teething, and has a synochal remittent character, requires the exhibition of *Aconite* 12th, in frequently repeated doses, especially when the little patient is very nervous. If the fever should be accompanied by constipation and a dry hacking cough, *Nux* 12th may be given after the *Aconite*; but if the child should have a diarrhœa, *Chamomilla* will have to be given instead of the *Nux*; or, if there should be vomiting and diarrhœa, *Ipecacuanha*. If *Aconite* should seem to have little or no effect on the fever, and the following symptoms should be present: burning heat, great restlessness, with evening- and night-exacerbations; crying out, starting and jerks through the whole body during sleep; incipient convulsions, spasms, trembling of the limbs, anxiety, *Belladonna* should be given. If the fever should be complicated with catarrhal symptoms, such as cough, hoarseness, rattling of mucus in the windpipe, *Aconite* may be given first, and afterwards *Chamomilla*, *Ipecacuanha*, *Nux-vomica*, or else *Pulsatilla*, *Bryonia*, *Antimonium-crudum*, or some other remedy, according as the symptoms may seem to require.

## PART SECOND.

---

DISEASES OCCURRING PRINCIPALLY DURING THE PERIOD INTERVENING BETWEEN THE FIRST APPEARANCE AND THE FALLING OUT OF THE MILK-TEETH.



## PART II.

### DISEASES OCCURRING PRINCIPALLY DURING THE PERIOD INTERVENING BETWEEN THE FIRST APPEARANCE AND FALLING OUT OF THE MILK-TEETH.

It seems a useless undertaking to endeavor to confine diseases to particular periods of life. For the sake of convenience we may adopt a certain classification in our books, but this is a purely human arrangement, neither sanctioned nor indicated by living nature. If I pursue a similar plan in the present work, it is simply because others have done so before me, and because this method seems to facilitate the use of such a work as this by enabling the reader to obtain with ease and readiness the information he is in search of. But though the diseases of this period may be the same as those of a later age, owing to the superior functional irritability of the infantile organism, yet, they are distinguished by an apparently more concentrated intensity and a more rapid development of their symptoms, requiring discretion, cool judgment and an imperturbable presence of mind in the violent changes which so often occur in the course of an infantile malady.

The diseases of this second period are principally of a gastric character. The substitution of common aliments for the mother's milk, is frequently attended with phenomena denoting an extreme irritability and sensitiveness of the digestive organs. The most common affections in this period are overloading the stomach, vomiting, constipation or diarrhœa, but especially worms, which seem to develop themselves out of the mucus and contents of the bowels, and are more frequent at this period than at any other, either before or after.

Next to gastric affections, the most frequent disorders



of this period are disturbances of the circulation. This is again a natural consequence of the excited condition of the circulatory apparatus which is ever busy in furnishing to each particular organ its means of growth. At no period of human life is the number of inflammatory diseases as preponderant as in infancy and childhood; the least derangement is attended with fever, which, if neglected, may lead to some serious inflammation.

The childish organism being as yet unused to atmospheric impressions, and therefore exceedingly sensitive to changes of temperature, it follows as a consequence that it may easily be disturbed by a cold, and that the mucous membranes of the respiratory organs are subject to catarrhal irritations, characterized by cough, whooping-cough, asthma, &c.

The symptoms of *morbid growth*, so termed by allopathic physicians, and for which they dare not prescribe any medicine, because this condition does not come under any of the commonly received names of disease, can be treated by a homœopathic physician just as easily as any other class of symptoms. The homœopathic physician not being bound by a technical name, all he has to do is to select such a medicine for the child as corresponds with the perceptible phenomena of its disturbed condition. On the head of morbid growth, *Meissner* uses the following language: the harmonious development of all the different systems and organs is disturbed when the body grows too rapidly, when it becomes too long, thin, the muscles look yellow, the tissues become soft, the face grows pale, and the child becomes weak and languid. Such children are indolent and slow in their movements, they like to be quiet, sleep a good deal, and are sometimes more sleepy in the morning after getting up than they were the evening before; they repeatedly fall asleep even in the day-time. When taking exercise they frequently complain of pain in the joints, probably owing to the excessive stretching of the tendons and ligaments. These

ailments are sometimes accompanied by involuntary emission of urine and discharges from the bowels, both in the day-time and at night, continuing sometimes for years, according as it requires more or less time to regulate the child's growth. The intellect seems likewise to become disturbed; intelligent children frequently forget that which they had learned. The stomach and the digestive powers become weaker every day, the appetite is less, they grow thin and chlorotic. There are seldom any feverish motions, not at first; on the contrary, the pulse is generally slower than in a normal condition. The body grows in length, but not in breadth, hence it is that the trunk remains narrow. The development of other physiological functions seems likewise to be arrested; the teething and the development of the sexual sphere are delayed. At this period we begin to perceive more strikingly the pernicious consequences of the irregular development of the thorax. Art seems unable to remedy the natural defects, and palpitation of the heart, dyspnœa, hæmoptysis and pulmonary consumption now develop themselves with extraordinary rapidity.

Even though the first symptoms of morbid growth should not elaim our attention, yet the increasing muscular debility of children renders the interference of art necessary, and is well calculated to excite our suspicions and fears. This debility of the muscles is not always accompanied by a diminution of the volume and size of the muscles; it frequently exists long before any perceptible change occurs. Children either never acquire the use of their legs, or, if they had acquired it, lose it again. Sometimes this loss or retrogression of the muscular strength of the child is charged on the slowness of the teething process. Be the cause what it may, such a condition of the organism requires the exhibition of *Calcareo-carbonica* (as I have stated in the chapter of difficult dentition) and the use of milk or malt-baths, either every day or every other day, or even less frequently.

This muscular debility is frequently the first perceptible symptom of scrofulosis, and sometimes the only symptom of this dyscrasia at this early period of human life. If we should be sure of this, we might institute a course of treatment calculated to anticipate the further development of the disease. An admirable remedy for such a purpose is *Pinus-sylvestris*, which I have employed empirically in former times, for no other reason than because I effected beautiful cures with this agent. In former years I resided in a town which was surrounded by fine pine-groves, and where scrofulosis, as characterized by the above-described symptoms, was a prevailing disease. The physician was seldom sent for to cure the disorder; nature was the physician whom most families employed, and the medicine which this great physician prescribed, was indeed cheap enough, and an abundance of it to be had for the mere picking. The tender pine-shoots were used in the form of baths, the children grew strong, acquired the use of their limbs, and a variety of scrofulous symptoms disappeared at the same time. Instead of using the baths, I prepared a tincture, and administered the third attenuation, by means of which I have given many a child the use of its legs. I invite all homœopathic physicians to use this drug for similar purposes, although its physiological action is only imperfectly known. *Belladonna* is another remedy which may be of great service in this period, especially when the intellectual powers of the child have acquired a premature development at the expense of the physical strength; the body grows, but the muscles and especially the legs become weak and weaker, the child grows thin, and in its features there is an expression of premature intelligence and old age. After *Belladonna*, no remedy is more adapted to this disorder than *Sulphur*, which may be given if *Belladonna* should not prove sufficient, and if *Sulphur* should not complete the cure, a very small dose of *Silicea* 30th, will frequently achieve the business. *Causticum* 30th, is especially

indicated when the child commences to stagger and is liable to falling.

Sometimes neither Sulphur nor Calcareo will be found to correspond with the symptoms of morbid growth as exactly as *Acidum-phosphoricum* 6th, both in the physical and mental sphere. If the pains in the limbs, and especially in the joints, should be the predominant symptoms, *Silicea* 30th, deserves a preference over all other remedies. It will sometimes happen that the symptoms which are incidental to a morbid growth, are so trifling that they are overlooked until the child takes cold, when they become more marked and are then attributed to the cold. Under such circumstances *Dulcamara* 3d, has always proved efficient in my hands. For the other symptoms belonging to this condition, such as incontinence of urine, scrofulous swellings, &c., the reader is referred to the respective chapters where these conditions are treated.

Curvatures of the vertebral column, malformations of the thorax, enlargement of the heads of bones, &c., are conditions which frequently occur during this period; they will be treated of in subsequent chapters.

I now pass to a special description of the diseases of this period, and first in order I shall treat of the diseases of the digestive organs. A good deal of what has been said on this subject in the first part of this work, will have to be repeated in this section; but such a repetition is unavoidable, otherwise the work would seem incomplete.

---

## CHAPTER XXIX.

### DISEASES OF THE DIGESTIVE ORGANS.

Diseases of this kind assume different forms, in the second period of infancy, from those which seemed to

prevail in the former period. This is owing to a double series of causes, first to the change of food, and secondly to the extreme sensitiveness and irritability of the digestive apparatus. In substituting ordinary food for the mother's milk, we do not always proceed with sufficient care; some feed the child as often as it cries, supposing it to be hungry; some err by at once giving the child food that is too substantial for its tender stomach; and others again do not pay proper attention to the order of the child's diet, and mix up the different kinds of food without rhyme or reason. But these are not the only causes which disturb the child's digestion. The extreme irritability of the different organs and tissues of the infantile organism is another cause of their frequent derangements. This irritability renders them susceptible to the least disturbing influences, and establishes a condition of sympathetic suffering, which though existing at all periods of life, is particularly striking in infancy; suffice it to mention the sympathetic affections of the liver, spleen, gall-bladder, &c.

In the gastric disturbances of children the prognosis depends upon the constitution of the patient, upon the exciting cause, the quality and duration of the symptoms, and the existing complications. Derangements of the infantile organism, and likewise gastric derangements, frequently set in with a violent fever; but the physician must not on this account, prognosticate more danger than there really exists. Such a commotion subsides again as rapidly as it developed itself. Any careful observer of the operation of the laws of life in the organisms of children, will not only find my remarks confirmed by his own experience, but he will likewise agree with me that the regulation of the diet and the simple removal of the disturbing cause, will in many cases be all that is required to restore the child's health. If medical treatment should be at all necessary, it will be principally in those cases, where the morbid symptoms have acquired

an extreme degree of violence, or where the real cause of the disorder cannot be ascertained.

*Status-gastricus, Gastroataxia-saburralis, (Gastric Derangement without fever.)*

Such a derangement is frequently caused by overloading the stomach, and is characterized by the following symptoms: nausea, dulness of the senses, desire to vomit, vomiting, liquid stools, urine, depositing a sediment. If the evacuations upwards and downwards do not carry off the morbid matter, the gastric symptoms become more fully developed, the tongue is lined with a white coating, the child refuses to take nourishment, loses its appetite, is troubled with cructations, gulping up of an acrid fluid; the pit of the stomach appears distended, is painful to pressure, especially after eating; there is nausea, retching, vomiting of sour phlegm and of bile; the child complains of headache, and wants to be lying down all the time. These symptoms frequently pass off after vomiting; but if the child should be predisposed for fever, or the circumambient medium, atmosphere, &c., should favor the development of an acute disease, a simple gastric derangement may easily increase to a gastric fever.

If the child be *bilious*, as it is termed, the secretions will show an excess of bile, the tongue has a yellow or brownish coating, the mouth is dry, every thing that the child eats or drinks tastes bitter; it throws off a quantity of yellow or greenish bile, and the passages are likewise bilious. The symptoms are pretty much the same as those indicating a simple gastric disturbance, except that the general feeling of illness, the languor and the chilliness are more violent, the conjunctiva and the skin have a jaundiced tint, and the urine looks dark-red. This condition is apt to lead to a bilious fever.

What is termed *status pituitosus*, is a gastric derangement, except that the mucous membranes are principally



affected. The tongue has a thick slimy coating, which it is difficult to scrape off; the mouth is always filled with phlegm, which frequently flows out of the mouth, or if viscid, induces retching. The passages, which are not much colored, likewise contain a good deal of slime. Such a derangement of the mucous membranes soon imparts to children a pale and cachectic appearance, they grow weak, the pulse becomes feeble, the extremities cold; the urine is clear, but soon deposits a slimy sediment.

It is principally in childhood that these gastric derangements are met with in their most simple form. In after life they generally usher in some other malady, aggravated by endemic or epidemic causes, hot and damp weather, or constitutional weakness of the digestive functions.

*Treatment.*—It will not be expected that I should lay down strict dietetic rules for every particular case of gastric derangement; these will more or less depend upon the individuality of the patient and existing idiosyncrasies. In every case, however, the physician should make strict inquiries into this subject, and not leave the regulation of the patient's diet to nurses or relatives.

If the gastric derangement should have been caused by a simple overloading of the stomach, it will in most cases be sufficient to deprive the child of its more substantial nourishment, and if it should want to have a little food in a few hours, give it a little gruel or a thin slice of bread and butter. If the child should be sick at the stomach and want to vomit, the vomiting may be facilitated by small quantities of black coffee. By this means the pressure and sense of fulness at the pit of the stomach, and the distention of this region, will likewise be removed. After the contents of the stomach have been removed by means of the coffee, it may be necessary to control the remaining symptoms by means of *Pulsatilla* 12th, *Ipecacuanha* or *Nux-vomica*, or *Bryonia* 12th, *Antimonium-crudum* 6th, *Arsenicum* 30th.

In most cases, however, the gastric derangement is not caused by overloading the stomach, but is the result of a natural debility of the digestive organs. How frequently does it happen, for instance, that children's stomachs are deranged by a little fruit or cold water; for such derangements, which are sometimes very obstinate, *Pulsatilla* and *Arsenic* are the remedies in some, and *Bryonia* and *Carbo-vegetabilis* 30th, in other cases.

If the stomach should have become deranged by abuse of coffee, *Chamomilla*, *Nux-vom.*, *Ignat.*, *Pulsat.*, *Cocculus* will restore the tone of this organ, and if by abuse of Chamomile-tea, *Pulsat.*, or *Nux-vom.*, or *Ignat.* For a gastric derangement produced by cold, *Cocculus*, *Bellad.*, *Ipecac.*, and *Dulcam.* 6th, are the principal remedies. If occasioned by excessive heat, *Bryonia* will remove it. If the least derangement should assume an obstinate character, there is generally a constitutional debility of the digestive organs, which requires to be treated with repeated doses of *Hepar-sulphuris* 12th, and *Sulphur* 30th, at suitable intervals.

If the gastric derangement should be characterized by loss of appetite, loathing and other symptoms, such as have been described above, *Ipecacuanha* will either effect a cure or so far modify the symptoms as to enable a dose of *Antimonium-crudum* to effect a cure. If the vomiting and diarrhoea should continue after the *Ipecac.*, *Pulsatilla* may be exhibited, and if there should be a good deal of prostration, *Arsenic*. Should the vomiting be attended by constipation, *Nux-vom.* will be the best remedy, sometimes *Bryonia*, *Chamomilla*, *Veratrum*, *Mercurius*, *Tart.-emet.*, and even *Hepar-sulphuris*, and *Carbo-veget.*, may have to be used in such a condition of the stomach.

If the gastric derangement should be complicated with bilious symptoms, and these latter should prevail, the following remedies may be resorted to in the commencement: *Mercurius-sol.*, *China*, *Digitalis* 12th,

*Chamom.*, *Nux-vom.*, *Sulphur*, *Rheum*. All the other remedies which have been mentioned for gastric derangements, may likewise have to be used.

If the mucous symptoms should prevail, all the foregoing remedies may have to be employed, to which we may add: *Bellad.*, *Spigel.*, *Cina*, *Acid.-sulphuricum* 6th. These various conditions are not as strictly limited in nature as they appear in the books; the symptoms are frequently mixed up, and their treatment requires a more competent knowledge of the resources of our art than can be conveyed in a treatise of this kind. For further information I refer the reader to the first part of my treatise on acute and chronic diseases.

### *Diarrhœa of Children.*

The medicines which have been mentioned in the first part of this work, for diarrhœa of infants, summer-complaint, &c., will likewise cure the diarrhœa of older children; the diarrhœa stereoralis which occurs during a simple gastric derangement, will yield to the remedies indicated for this latter; the diarrhœa biliosa which accompanies a bilious derangement, will yield to the medicines which cure this condition; and the diarrhœa pituitosa or mucosa, which characterizes a mucous derangement, can be arrested by means of the remedies which cure this derangement. I deem it unnecessary to advert more particularly to the constipation and vomiting of children occurring at this period, these disorders have been spoken of with sufficient detail in other parts of this work. Dysentery, which is so common among children, and may be caused by atmospheric influences, by errors in diet or by a peculiar susceptibility of children, will be treated of in the chapter devoted to the inflammatory affections of the abdomen.

## CHAPTER XXX.

## WORMS AND WORM AFFECTIONS.

These entozoa are developed out of the organic secretions of the intestines. It is well that a physician should keep this in mind, for it will save him from committing many gross errors in treating worms and the diseases to which they are supposed to give rise. How many children have been sacrificed by the violent drastics that physicians used to employ to expel worms ! Does the mere expulsion of these worms change the diseased condition of the chyme which develops these parasites ? Physiologists have demonstrated the true origin of these worms, and yet the same horrible method of expulsion that had been suggested by the brutish ignorance of former ages, is still the fashion among Old-School physicians, whereas the least resort to common sense might teach them that the medicine which expels the worms, will not prevent the further development of these animalcules, except by restoring the process of chymification to a perfectly healthy condition. But no matter how consistent and sound such reasoning may appear, it is sufficient that it should proceed from a disciple of Hahnemann, to prevent allopathic physicians from listening to it.

There are three kinds of intestinal worms which are principally found in children : the ascaris, lumbricus, and taenia. The ascaris has a thin, short, spindle-shaped body, the posterior extremity of which has a sharp termination ; its mouth is circular ; it is from two to five lines long, bigger in front than behind, provided with two small bladder-shaped wings ; the tail-end of the female is straight and terminates in a point ; that of the male is obtuse, and has a spiral shape. The ascaris is frequently found in the large intestines, especially in the rectum,

and sometimes a whole ball of them agglomerated together. They frequently crawl into the urethra and vagina, causing a troublesome itching and a discharge of mucus, and sometimes leading to onanism. They cause an excessive itching, and even pain and tenesmus in and around the anus, especially in the evening, at night and in the warm bed; with discharge of mucus from the anus. Fever is a rare accompaniment of worms, but they frequently occasion nervous symptoms resembling chorea.

The lumbricus resembles the common worm. It is distinguished by a spindle-shaped or cylindrical body extenuated at both extremities, by a mouth with three valvular tubercles, and by a double penis; it is whitish, brownish or red, from six to sixteen inches long, one to two lines in thickness, furrowed on both sides, the posterior extremity obtuse. It resides principally in the ileum.

The tænia is seldom found in children. We have the tænia solium seu cucurbitina and the botryocephalus latus. The characteristic properties of these worms are: smooth bodies, with flat joints, and foramina along the sides for the passage of the eggs; head with four sucking-holes and sometimes provided with a proboscis which can be extended, and with a circular hook. The neck is larger in front; the anterior joints are very short; those next to these are almost square, the remaining ones are oblong, and all have obtuse corners; the ovarian foramina are alternate. Like the lumbricus it lodges in the ileum.

Most of the phenomena which denote the presence of worms in the bowels, emanate from a derangement of the gastric functions, which gradually leads to disturbances in the reproductive system. The only sure sign of the presence of worms in the bowels is the actual passage of worms; all other symptoms are deceptive, because they may have been produced by other causes. This makes

very little difference so far as the treatment is concerned ; but the physician, for the sake of his own reputation as a scientific practitioner, should be acquainted with the exact state of things, and not predict results which will not come to pass.

Canstatt arranges the numerous worm-symptoms as follows :

*a.) Symptoms characterizing the Lymphatic Diathesis*, which is especially favorable to the formation of worms : bloated appearance ; pale or sallow complexion ; blue margins around the eyes ; relaxed muscles ; torpid scrofulous habit ; distended abdomen with a doughy feel ; thin extremities, feeble pulse, cold feet and hands. These symptoms are accompanied by gastric phenomena, which are still more developed by the use of slimy, saccharine, mucilaginous, farinacious, coarse, heavy food, bread, potatoes, pap and the like ; the digestion is slow ; the tongue has a slimy coating ; the children have a sour or foul smell from the mouth ; there is vomiting of mucus ; girls are affected with leucorrhœa ; the stool is irregular, at times slow, at others papescent ; the evacuations, which have a foetid smell, and are of a whitish, gray color, contain quite frequently a quantity of glassy, granular, spawn-shaped masses of mucus ; the flocculent, turbid urine of worm-patients is likewise a symptom of mucous derangement.

*b.) Symptoms characterizing the local irritation of the intestinal canal occasioned by worms* : various shifting, colicky, gnawing, boring, crawling, itching pains in the abdomen, not increased by pressure ; sense of emptiness, or as if a ball were agglomerating, or as if some animal were moving about in the abdomen, especially in the umbilical region, frequently ascending up to the throat. These symptoms are frequently most violent before breakfast, causing sometimes a most violent canine hunger ; they are made worse by starvation, by eating salt food, onions, &c., they decrease by the use of milk,



water and sugar, &c. The disagreeable sensation frequently increases unto nausea and real vomiting. The local irritation is moreover characterized by an increased secretion of mucus, stool mixed with blood or bloody streaks, and even by mucous enteritis, with or without ulceration. If the worms ascend to the stomach, they cause pain, vomiting, hiccough; they even crawl up the œsophagus, as far as the mouth and nose.

c.) Worms may produce *mechanical derangements* in the bowels, by agglomerating into balls, which obstruct the passage through the bowels, causing constipation and even ileus: or the lumbrici may get into narrow passages, into the vermiform process of the cœcum, the biliari ducts, the excretory ducts of the pancreas, by which means most dangerous symptoms, such as inflammation, icterus, &c. may be occasioned.

d.) *Reflex-symptoms* of the nervous system: itching in the nose, sneezing, dilatation of the pupils, temporary blindness, diplopia, distortion of the eyes, squinting, passing deafness, aphonia, stuttering, starting, grating of the teeth, talking during sleep, anxious dreams, somnambulism, vertigo, cross humor, melancholy, delirium, epilepsy, chorea, catalepsy, partial and general spasms, trembling, paralysis, sympathetic pains in various parts, dry and frequent hacking cough with titillation, dyspnœa, hiccough, palpitation of the heart, strangury, ischury, &c.

e.) *Worm-fever* (febris verminosa) is generally only met with in children with very irritable constitutions, who are generally disposed to fever, especially when endemic or epidemic influences favor its development, or when the local irritation assumes an inflammatory character. If such a fever exist, it generally accompanies the presence of lumbrici; it may likewise be caused by a decomposition of the worms and the re-absorption of these decayed substances. The character of the fever is generally remittent, a simple erethism.

It is characteristic of worm-diseases to get worse at

the period of new-moon, and under the use of various kinds of food, such as onions, horse-radish, herring, &c., whereas the contrary effect is produced by the declining moon, or by the use of milk and water sweetened with sugar.

*Causes.*—The disposition for worms exists principally in infancy, and is favored by a want of careful nursing, and by the use of non-nutritious, coarse, farinaceous, saccharine, slimy, fat or exclusively vegetable diet, potatoes, apple-dumplings, rye-bread, milk, fat, butter, cheese, fruit, vegetables; by living in damp, dark, unclean dwellings, or in marshy regions. Children with a pituitous, scrofulous and rickety diathesis are principally liable to being attacked with worms.

Worms are not dangerous, unless the children should have very feeble constitutions, and other diseases should intervene; in such a case the worm-disease might become a complicated malady and have a fatal termination.

*Treatment.*—(See my treatise on acute and chronic diseases, Vol. I, p. 172.) In examining the various symptoms which generally characterize the presence of worms, we shall find that most of these symptoms are the same as those which characterize the various above-mentioned forms of gastric disturbances; hence the same remedies will suit both classes of diseases. To these may be added a few remedies which constitute, properly speaking, our worm-medicines.

It is a matter of course that every thing in the diet or daily regime of the child, which has a tendency to favor the development of worms, should be removed by the physician. If the child have taken a good deal of allopathic medicine shortly before the homœopathic physician is called, it is advisable, if there be no pressing danger, to let a few days elapse before administering the homœopathic remedy. This will give the organism time to free itself from the influence of the allopathic drugs, and the disease will have an opportunity of developing its true character. The child should have as much open

air as possible, and, if the disease should be worse at the period of new-moon, it is well to give a remedy of long action at the time when the moon is on the decline. When a worm-patient was brought to me, I have frequently heard complaints like these: the child is worse now than it was before it took medicine; now it complains of the joints, they ache when it attempts to walk, and yet it will not lie still, it is very cross, loses its breath when walking, is frequently troubled with pressing to stool, the greenish passages contain blood, it has to pass water frequently, &c. On examining the prescriptions, I found that the child had taken a good deal of Rhubarb and Valerian, and that the latter drug had even been used as an injection. After allowing the child a few days rest, some of these symptoms disappeared, but others, especially the valeriana-symptoms, which are sometimes very obstinate, remained, and had to be antidoted. If the child had been given coffee, I stopped this drink, and after exhibiting a dose of *Chamomilla*, which I have found to be the best antidote under these circumstances, I gave a dose of *Coffea* 3d, alternating these two medicines for a couple of days. If they should not be sufficient, I give *Camphora* 3d for one day, repeating it every two hours, and then return to the *Coffea* and *Chamomilla*. By this means the effects of the former allopathic treatment are not only neutralized, but the disease itself is so far modified that some other more specific remedy may now be given. A true disciple of Hahnemann will not be anxious to expel the worms from the child's bowels; this is unfortunately the fashion of the Old-School. As soon as a worm is discharged, with the stool, even though no other unpleasant symptoms should trouble the child, quantities of medicine are poured into the child's bowels for the purpose of expelling the worms, and, if the child was not sick before, it certainly will become so. The child grows thin, loses its appetite, and the worms which had previously been at their ease and quiet in the natural con-

tents of the bowels, are now rendered uneasy by the altered quality of the fæcal substance; they torment the child, and are, nevertheless, not disposed to leave the bowels. Hahnemann knew all this, and this was the reason why he opposed the barbarous proceeding of the prevailing School, to expel the worms by force. I have never been untrue to Hahnemann's advice, and I can assure my younger colleagues that they will have no occasion to regret following my example, although the prejudices of the blind multitude may give them a good deal of trouble.

The most troublesome kind of worms are the ascarides or pin-worms, not so much because they cause pain, but on account of the terrible itching which they excite in the rectum, anus and the sexual organs. In selecting a remedy for worms it is principally the collateral or accompanying symptoms which ought to govern us in our choice; and we shall then find that no remedy is more specifically indicated by the symptoms, such as the feverish restlessness, especially at night, the sleeplessness, the tossing about, than *Aconite*. A single dose of this remedy is sometimes sufficient to appease the symptoms for weeks, and if the worms should again become troublesome, a dose of *Ignatia* 12th, may be given, especially if the rectum be prolapsed. *Valeriana* is indicated by evening-exacerbation of the symptoms, by nervousness, twitching of the muscles and slight spasms. I generally gave the 12th attenuation, in alternation with *Ignatia*, one dose a day, provided always the *Ignatia* was likewise indicated. *Mercurius-solubilis*, which is likewise used by allopathic physicians as a sort of panacea for worm-diseases, is not so much indicated by the actual passage of worms, as by the slimy, blood-streaked passages, excoriating the anus, by the protrusion of the rectum and other worm-symptoms, aversion to coffee and sweets, loss of appetite and increase of thirst, accumulation of phlegm in the mouth and throat, livid complexion, nightly exacerbation, indescribable, ill-feel-

ing and excessive debility. For the actual expulsion of the worms no remedy is better than *Teucrium-marum-verum* 3d, which homœopathic physicians are too prone to forget, and yet which is such an excellent remedy not only for worms, but also for other affections, such as polypus of the nose, troublesome coryza, herpes of the ear, &c. *Ferrum-aceticum* 6th, and *metallicum* 12th, and *China* are likewise specific remedies for worms. If all these remedies be properly used, and in the proper order, it will not always be necessary to resort to *Sulphur*, *Calcareia*, *Magnesia-carbonica*, *Phosphorus*, *Sepia* or *Graphites*, or even to other antipsorics for the purpose of effecting a cure. If the worm-symptoms should seem to be grafted upon a scrofulous, rickety, psoric diathesis, *Sulphur*, *Calcareia* and *Magnesia-carbonica*, and sometimes *Graphites*, are indispensable medicines to eradicate the dyscrasia, and, with it, the worm-disease.

The disturbance which the lumbricus is capable of causing in the organism of the child, is sometimes very general and deep-seated, and may be accompanied by fever and morbid productions in the mucous membrane of the bowels. For the fever, with periodically-recurring colic, distended and hard abdomen, desire to vomit, small slimy stools, *Aconite* is the sovereign and infallible remedy. Even if *Aconite* should not be the specific remedy for the present worm-condition, yet it quiets the little patient, after which the specific worm-medicine will act much better than it would have done previous to the exhibition of the *Aconite*. I know this from long experience. Sometimes it is even necessary to give a few doses of *Aconite*, before we can resort to *Cina* which is the proper specific remedy in this case. But *Cina* should not be given without a sufficient examination of the symptoms; it will not accomplish the desired effect, unless the following symptoms are present: fever, consisting principally of heat about the head, which is worse in the evening or at night, with yellowish complexion and blue

margins around the eyes; the fever may even be so intense as to make us believe that there might be some incipient cerebral disease, the existence of which might moreover be inferred from the restlessness and irritable mood of the child, the continual turning and twisting of the head, the frequent vomiting of quantities of mucus, the dilatation of the pupils, the red, though clean tongue. This remedy is furthermore indicated by the following symptoms: the child shows a disposition to cry all the time, and cannot be quieted by any thing; the child asks for various things indiscriminately and then rejects that which is offered; it has a canine hunger, complains of colic, with dyspnœa, &c. If Cina should not help, *Mercurius* might have to be tried, or else *China*, if the feverish symptoms should be very violent and have a typical character, in which case *China* would suit debilitated female children better than male; although the fever-paroxysms set in with a certain periodical regularity, yet the fever seems to have a hectic character, the pulse is rapid and feeble, the fever exacerbates at night and is accompanied by night-sweats. Among the symptoms which indicate *China*, we note particularly the indifference to food and drink, the uncomfortable feeling in the pit of the stomach after eating, which even increases to anguish, with distention of the abdomen; these troubles frequently disappear after vomiting up a sour slime which is sometimes mixed with food. The worm-symptoms for which *China* is indicated, may be accompanied by nightly diarrhœic stools, or by constipation; when by the latter the pains in the bowels are more severe. For the indications for *Belladonna*, *Ignatia*, *Bryonia*, &c. in worm-fevers, the reader is referred to the chapters treating of the derangement of the digestive organs, of spasms and inflammatory conditions of the brain.

An excellent remedy for lumbrici is *Spigelia*, commonly termed pink-root. It may even be given when the abdominal pains are accompanied by fever, especially



chilliness, spasmodic urging and scanty discharge of watery, slimy stool. If this medicine should have no effect, it must be because it is improperly used. This medicine is always indicated when the child points to the navel as the painful spot; there seems to be a lump, as if induced by a partial cramp in the bowels, whence a painful pressure extends over the whole abdomen, attended with canine hunger, oppression and palpitation of the heart. The head of the child seems affected, which is to be inferred from the weariness of the child, the desire to lie down and sleep, the pale face and the yellow margins around the eyes. The 30th attenuation has generally served my purpose.

Another medicine, which no homœopathic physician should ever lose sight of in worm-diseases, and especially in the case of lumbrici, is *Silicea*. It is well known that *Silicea* is a powerful remedy for scrofulous diseases, and that worm-diseases are frequently a mere form of scrofula. *Silicea* is especially indicated when the worm-symptoms become worse at the period of the new or full moon and when the following condition prevails: cutting colic, distended and hard abdomen, hard stool with passage of a lumbricus, waterbrash which comes in paroxysms, is worse early in the morning, and is frequently preceded by a peculiar, indescribable sensation in the pit of the stomach (a sort of turning or twisting), after which there is a rising to the throat, with nausea and gagging up of a bitter water, which disappears after eating.

*Cicuta-virosa* 30th, may be exhibited when the child feels cold and wants to sit near the fire, with gulping-up of a bitter, yellow fluid, especially when stooping, after which the child complains of a burning in the throat which obliges the child to drink water frequently, after which the gulping returns again. *Cicuta* is more particularly indicated when the worm-disease is characterized by spasmodic symptoms, such as hiccough, frequent inability to open the lower jaw, convulsive motions or

actual convulsions, epileptic fits, which sometimes end in a tonic spasm of one hand or foot attended with intense pains; the part trembles continually after the spasm subsides. *Ignatia*, *Stramonium*, *Hyosciamus* and *Chamomilla* may likewise be of service under these circumstances.

*Kali-carbonicum* is excellent, when the symptoms are roused or aggravated by a cold, when the worms are particularly troublesome after midnight (at two or three o'clock in the morning), compelling the little patient to get up; and when the following collateral symptoms are present: rush of blood to the head early in the morning, heat in the face and anxiety, a good deal of crying, desire for one thing or another without eating any thing, nausea with sensitiveness of the abdomen, especially to pressure; drowsiness, watery stools with discharge of lumbrici; the sleep is disturbed by frequent starting, the vomiting generally sets in after breakfast, and is followed by glowing heat and deathly paleness in the face, and afterwards long-continued languor and debility. These are only a few of the principal symptoms.

*Sabadilla* 12th, both as regards the primary and collateral symptoms, *Sulphur*, *Calcarea*, *Lycopodium*, *Arsenicum*, *Natrum-muriaticum*, *Nux-vomica*, and several other remedies, are not to be neglected in worm-diseases.

What has been said about the treatment of entozoa in general, is likewise applicable to *tænia*, which is such a fruitful source of all sorts of troubles in children, and leaves a variety of ailments even after every trace of the *tænia* has disappeared. I have communicated a few cases of *tænia* in my large treatise, which are sufficient to acquaint the beginning practitioner with the best treatment to be pursued for *tænia*. The expulsion of *tænia* by forcible means is a very questionable proceeding, and the consequences which such a mode of treatment entails upon the infantile organism, are frequently more troublesome than the *tænia* itself. We have an abundance of

remedies by means of which a tænia-affection can be combated. The *filix mas* and the *pomegranate* which are most commonly used for the expulsion of the worm, have to be given in too large doses to be safe and pleasant remedies; but we have other remedies which will restore the child's health thoroughly and safely, both by a gradual destruction of the worm and a progressive renovation of the general constitution.

Among these remedies the principal are: *Ignatia*, *Mercurius*, *Pulsatilla*, *Nux-vomica*, *China*, the particular indications of which the reader will find detailed in the chapters treating of the diseases of the digestive and reproductive spheres. *Sulphur* is certainly a very useful remedy for tænia, not so much on account of its antipsoric character, as because experience has shown that it will effectually control the phenomena of tænia. It is best to give one dose of it when the moon is on the decline, and then to await the result. The sense of oppression above the navel as from a lump, which disturbs the night's rest, and is a characteristic symptom of tænia, or a similar sensation deep in the left side, as from something hard, by which the body is drawn to one side, is a particular indication for the use of Sulphur, not to mention the hard stools with pieces of tænia. After Sulphur has produced the desired modification in the symptoms, some, like Jahr, recommend *Mercurius*; but, according to my own experience, *Calcarea*, perhaps in alternation with Sulphur, deserves a preference over other remedies, especially when the abdominal symptoms indicate a scrofulous diathesis. *Mercurius*, however, is likewise an admirable remedy for tænia.

Next to these medicines we have *Graphites* 30th. It helps to remove the scrofulous dyscrasia, and is especially indicated by the following symptoms: striking emaciation, dry skin, humid eruptions, scurfs and scales on the head, pimples in the face; the appetite may be good, though the patient gags up mucus every morning; the

stool is irregular, at times costive, at others diarrhœic, with a sour smell, always mingled with balls of mucus; the abdomen is always distended, with colic at irregular periods of the day, especially in the region of the cœcum; the frequent starting from sleep, and the accompanying anxiety which frequently drives the child out of bed, are likewise characteristic symptoms.

*Magnesia-muriatica* 12th, 18th or 30th attenuation, has been recommended for tœnia, and is especially indicated by the following symptoms: nausea after rising, with livid complexion, debility followed by coldness, rising to the throat as of a ball, with suffocative arrest of breathing; crampy-pinching, cutting pains in the bowels attended with dyspnœa; the child is easily satiated, with increased hunger and desire to nibble all the time; the stools are a characteristic indication when they occur several times in succession, first hard, then papescent, and lastly diarrhœic, after which the child feels weak and has to lie down.

Besides *Arsenic* and *Stannum*, the other remedies that might be mentioned in connection with tœnia, are not adapted to the child's organism.

---

## CHAPTER XXXI.

### INFLAMMATION OF INTERNAL ORGANS.

This is not the place to treat of inflammation generally. For the necessary information on that subject I refer my readers to my larger treatise. But there are inflammations which are peculiar to children; they run a different course and have different terminations. Inflammations of children are much more liable to terminating in exudations and adhesions than those of full-grown persons, which is probably owing to the fact that in chil-

dren the commencement of an inflammation is so frequently overlooked.

It is not always easy to diagnose the presence of an inflammatory disease in children, and I trust I will be pardoned if I am a little diffuse on this subject. In the case of children the outward expression always reveals the existence of an internal disorder; the external and the internal act and react upon each other, there are no influences, passions or persuasions which mar the spontaneous manifestations of the inner being. It is to a careful examination of the outward expression of the child that the physician should devote his first attention. But even throughout the course of his treatment the looks of the child should never be lost sight of, for they will aid the physician in finding out the true seat and nature of the disease. Our next object is to note the phenomena which generally characterize an inflammation: fever, warmth, especially at the seat of the inflammation, thirst and dry skin, gradual breaking out of sweat without affording the child any relief, dark urine, scarcely-perceptible remission of the fever at certain periods, postponing or anticipating exacerbations, full and hard pulse, glistening eyes, tremor of the hands, short breathing, restless sleep with dreams, sudden starting during the sleep, hard and delaying stool, loss of appetite, hurried talking and drinking. These symptoms denote vascular irritation, though they may exist without being accompanied by a fully-developed inflammation. To find this out, we cause the child's position to be changed in various ways, in order to ascertain whether it will exhibit signs of pain in particular positions. If this proceeding should not enlighten us sufficiently about the seat of the inflammation, if there be any, we cause the child to be stripped and watch the motions of the thorax and abdomen during the act of breathing. If some portions should remain drawn-in, and the child should seem to shrink from contact in these

parts, we may infer with tolerable certainty that there is inflammation.

If we should not be satisfied with the results of our examination, we then pass in review the various organs and tissues of the child's organism, and, in this way, we may perhaps hit upon some functional disturbance which may reveal to us the true seat and nature of the disease. In conducting our examination, we should always endeavor to follow the disease in the order in which it had developed itself, and even, if we should be fully satisfied with the result of a partial investigation, we should nevertheless pursue our examination to the end, lest a mere complication should be mistaken for the principal disease, or a sympathetic affection for the primary cause of the disturbance. Inflammatory diseases generally have a definite type and regular exacerbations. From this, however, it does not follow, that the absence of these conditions implies an absence of the inflammatory state, especially when we consider that the presence of worms may produce essential modifications in the nature and phenomena of the inflammatory disease, which is an additional reason why we should persevere in an attentive observation of the symptoms of the case. In the case of children, inflammatory affections scarcely ever set in with the same suddenness and violence as in the case of full-grown persons; the development is sometimes so gradual and imperceptible that it is only after death that the real condition is revealed to us.—(*Meissner*).

Fleshy, robust-florid children are generally *predisposed* for inflammatory affections, especially during the critical periods. The prevailing character of disease, or a prevailing epidemic disease, the state of the atmosphere, changes of weather and temperature, a cold, an error in diet, &c. may likewise occasion an inflammation.

As regards the *terminations* of inflammation, some terminate naturally by some critical discharge, such as the diarrhoea and the constant dribbling during dentition,



when the whole buccal cavity is sometimes inflamed; other inflammations terminate in serous and lymphatic exudations; encephalitis, for instance, in hydrocephalus and angina membranacea in the false membrane. The other terminations of inflammations, such as gangrene, induration, suppuration, are much less frequent in childhood, though I have seen a few cases of pneumonia terminating in empyema with discharge through the walls of the thorax. The *prognosis* depends upon the constitution and age of the child, upon the importance of the diseased organ, the causes, degree and duration of the malady, the existing complications, &c.

According to *Gælis*, who enjoys such a great and well deserved reputation as an observer of children's diseases, a large number of these diseases have an inflammatory character. This is owing to the extreme irritability of the organs in a state of progressive development. Post-mortem examinations frequently reveal the existence of exudations, and how often does it not happen that alarming symptoms disappear after a critical serous or mucous discharge has taken place.

Considering all these circumstances, we shall obtain a proper solution of the interesting fact why so few remedies are necessary to enable us to control the diseases to which children are liable. What an immense advantage does homœopathy enjoy in this respect over her elder sister, who cannot get along without her leeches, cupping, cathartics and revulsives, which no true homœopathic physician will ever allow himself to use, and which at most are excusable in the hands of an incipient follower of Hahnemann who has not yet acquired full faith in the powers of his remedies, or is tormented by the prejudices of his patients. I do not believe in the doctrine of "*in verba magistri jurandi*," but I should consider myself guilty of a criminal omission, if I did not here bear public testimony to the truth which Hahnemann has so beautifully and brilliantly established, that, in treating

the diseases of children, all the various practices and barbarous contrivances of the Old-School, its bloodlettings and revulsions, are utterly unnecessary.

The grand remedy in all inflammatory diseases of children is *Aconite*, for the particular indications of which I refer the reader to the introduction of this work. *Belladonna*, *Mercurius* and *Bryonia* constitute the remaining trio of specific remedies for most inflammatory diseases of children.

*Bryonia* is particularly adapted to catarrhal inflammations tending to serous effusions and secretions of mucus; inflammations of an erethic nature, especially inflammations of the abdominal organs, bowels, and lastly the respiratory organs. *Bryonia* may, however, be likewise a valuable remedy for inflammatory diseases of the brain, especially when hydrocephalus threatens to develop itself. And it is likewise an admirable remedy, when the inflammatory disease seems to have become stationary and the medicine which had seemed to be indicated and to have had a good effect, does no longer act. Under these circumstances *Bryonia* is undoubtedly an excellent medicine to help the cure along. Inflammations caused by straining the muscles or tendons, especially when the pains are drawing and are worse during motion, or exacerbate in the evening or at night, and such exacerbations are accompanied by chilliness or coldness, are likewise removed by *Bryonia*.

I will now proceed to treat of the particular inflammations.

#### A. INFLAMMATION OF THE THORACIC ORGANS.

1. *Peripneumonia-infantum*, *Bronchio-pneumonia*, *Bronchitis-infantum*, *Asthma-paralyticum-infantum* (*Acute Bronchitis*.)

According as the inflammation is either seated in the mucous membrane of the bronchical tubes, or in the pa-

renchyma of the lungs, the anatomical characters of the disease differ. It is almost impossible to draw a strict line of demarcation between these two varieties of inflammation, for their symptoms are mixed up, and these forms of inflammations run into each other; but in either case the peculiar expression of anguish and pain in the child's features will betray to the physician the existence of a deep-seated disease; the child's look is restless, unsteady, wandering about with an expression of fear; the eyes roll, have a peculiar lustre, and there is an expression of despair and distress in the child's features.

The post-mortem examination shows: redness, thickening of the bronchial mucous membrane, accumulation in the bronchial tubes of a slimy, purulent, frothy, sometimes sanguineous, tenacious and transparent fluid, containing grumous, globular patches, and here and there a coagulated, polypus-shaped substance; the inflammatory redness is generally confined to one lung or only one lobe. Pus is rarely present, and exists only in small places, in the form of little abscesses on the surface of the lungs. According to *Rokitansky* the granulations of the hepatised lung of a child are very indistinct, the terminations in abscesses are more frequent. The inflammation is mostly seated in the posterior portion of the lungs; the anterior portion, according to *Küttner*, is strikingly pale, void of blood, and emphysematous. In some cases we discover adhesions of the pleura, effusions into the pleural cavity, sanguineous engorgements and serous effusions in the brain.

The disease never sets in suddenly as an inflammatory affection, but gradually develops itself out of a catarrhal irritation. This irritation has no very characteristic symptoms, except that the cough has a rough, hoarse sound like a croupy cough, or, on account of its spasmodic nature and the expirations following each other in rapid succession, it may resemble whooping-cough. The inflammatory stage is sometimes character-

ized by remarkable remissions. There may even be an apparent improvement lasting a whole day. In this stage the cough is a permanent symptom ; it is generally short, dry, violent, the paroxysms sometimes last a quarter of an hour ; the cough is excited by sucking, hiccough, crying, is seldom attended with hoarseness ; as the disease progresses, the cough becomes painful, the children cry and distort their features during the paroxysms ; in smaller children the cough is proportionally slight ; sometimes it is loose, accompanied by vomiting and expectoration, which generally consists of a tenacious, vesicular, whitish-gray mucus. The breathing is irregularly hurried, moaning, labored ; the inspirations sometimes have a rattling or sawing sound ; the act of breathing is performed by the anterior portions of the lungs. The slightest pressure on the ribs causes a violent feeling of anxiety and cough. The inspirations range from sixty to ninety in a minute ; and, during sleep, the breathing is sometimes interrupted. *Küttner*, on applying the ear to the back of the child, heard various crepitating, sibilant, stertorous, buzzing, rattling murmurs ; in the course of the disease the rattling disappears and then returns again. The symptoms which are commonly present, are : violent fever : pulse hard, full at first, afterwards small, one hundred and fifty to one hundred and eighty and more beats, even innumerable ; unquenchable thirst, scanty, saturated urine, burning heat of the skin, especially about the head and in the palms of the hands ; uncommon, almost deathly paleness, yielding to a transitory redness during the paroxysms of cough ; supplicating expression of anxiety, constant restlessness, the children want to be carried all the time, crowd their little fists into their mouths ; their little limbs are in constant motion, and the head is tossed back. As the disease progresses, older children grow strikingly pale and cold, smaller children livid and sallow, new-born children frequently have a jaundiced color ; the cough abates, loses its shrill sound, and at last con-

sists only of detached expirations and sometimes terminates in vomiting of mucus. If the disease should have a fatal termination, the tongue assumes a brownish coating, the children grate their teeth, the pulse intermits, the paleness and coldness increase; there is an expression of anxiety in the features, cold sweat on the forehead, chest and extremities; death ensues more frequently by a gradual extinction of the vital powers than by suffocation; sometimes convulsions and coma set in.

The striking remissions which sometimes take place during the course of this disease, render it very deceptive; the breathing seems to be sometimes easier for hours; the cough and the dyspnœa are sometimes much less than the intensity of fever and the inflammation would seem to warrant. The symptoms are very changeable.

*Colds on the chest*, in little children, are in consequence of their not expectorating, attended with mucous engorgement of the bronchial tubes, giving rise to a rattling in the trachea, and a wheezing in the chest, which can be heard even at a distance. Such an accumulation may cause suffocative paroxysms and an attack of acute cyanosis. The beats of the heart are very frequent and generally irregular; generally there is very little cough and no expectoration. This condition sometimes terminates in suffocation (*suffocative catarrh*.—*Canstatt*.)

According to *Seifert*, the nightly restlessness of children, the pain during the cough, and the striking expansion of the thorax, are the principal symptoms of a bronchio-pneumonia. The disease may be confounded *a*) with whooping-cough; in the case of whooping-cough, however, the exciting cause is generally different; the breathing, between the paroxysms, is unimpeded, and we do not observe the peculiar expression of pain and the anxious, moaning cry between the paroxysms; neither is there any restlessness at night, nor, even if inflammatory symp-



toms should be present, this intense expression of illness in the features or in the general demeanor of the child. *b*) With croup; the croupy sound of the cough in bronchio-pneumonia only occurs periodically and is never perfectly developed; as the disease increases, the croupy sound of the cough is apt to get less, and finally to disappear entirely; moreover, this disease attacks much younger children than croup; *c*) with asthma laryngeum; in this disease the paroxysms occur at longer intervals, the inspirations are accompanied by a peculiar noise, there is no fever in the commencement of the disease, nor is there any cough, or the cough is, at any rate, very rare; in this disease the breathing is likewise unimpeded between the paroxysms; *d*) with carditis; in this disease the cough sets in at a later period, is less violent, the remissions in the dyspnœa are more marked; the auscultation furnishes us characteristic physical signs.

Authors differ in their views about the period when this disease occurs. According to Meissner it is most frequent until the end of the second year, and rarely takes place after the fifth. It is seldom seen in the first months of the child's life. Pneumonia proper befalls full-grown persons as frequently as children, and, on this account, I have not treated of it in a particular chapter, and refer the reader to my treatise on acute diseases. The great point is to diagnose the disease properly, and then to institute an adequate treatment, no matter whether the disease is more apt to occur in the first or second period of infancy.

According to *Seifert*, peripneumonia is a more fatal disease than croup or acute hydrocephalus. The reason of this is probably that the disease is not recognized in due season. It is most frequent and most dangerous from the fourth to the twelfth month. Boys are more frequently attacked than girls, fleshy children again more frequently than weakly. In some cases the rapid deve-



lopment of the disease seems to be owing to hereditary disposition. It occurs principally in winter and in the beginning of spring, when the weather is damp and cold, and catarrhs are the prevailing disease. In this season children will be attacked by this disease, even though they are constantly kept in a warm room. It is said that inflammations of the thoracic viscera may become an epidemic disease; in other cases they develop themselves as sequelæ of whooping-cough, acute exanthemata, especially measles. The disease may likewise have a catarrhal origin, and be caused by inhaling a foggy, damp, cold air without electricity.

*Course and terminations:* When the disease has a favorable termination, it seldom lasts more than a week; when it terminates fatally, it may last a fortnight. If the disease should terminate in recovery, the periodical exacerbations gradually abate, the dyspnœa becomes less; the phlegm is more easily detached, and is either swallowed by the child, or, what happens more frequently, quantities of tenacious mucus are vomited up. In some cases, both of simple catarrh or inflammation of the air-passages, the disease terminates in critical sweat; in such cases the expectoration is generally wanting. These sweats are seldom very copious, but all over and continue for several days. Sweats of anguish caused by dyspnœa, do not belong to this category. The recovery is very slow and gradual; the cough continues for a long time and frequently does not disappear entirely until the warm weather sets in. (This is different under homœopathic treatment, which makes a clean sweep of the disease and the whole train of troublesome symptoms, which always remain for a long period after allopathic treatment.) Death takes place either by suffocation, or exhaustion, or with sopor and convulsions supervening in consequence of the brain becoming involved in the process of dissolution.

According to allopathic authors the prognosis, on ac-

count of the equivocal and deceptive character of the disease, is very doubtful. It depends *a*) on the *age of the child*; the younger the child, the greater the danger; new-born children die almost without an exception; *b*) on the *period* when the disease is first correctly diagnosed and a suitable treatment instituted; *c*) on the *constitution* of the little patient, fleshy and robust children overcome the disease better than weakly infants; children brought up by hand, are exposed to more danger than children at the breast; *d*) upon the *nature of the exciting cause*; an hereditary disposition augurs badly; girls have a better chance than boys; peripneumonia which developed itself out of a simple catarrh, is less dangerous; the longer the catarrh had lasted before the inflammation set in, the more tedious will be the inflammation, which is then apt to assume a chronic character; when complicated with a serofulous and tuberculous diathesis, the prognosis is doubtful; this is likewise the case when the disease sets in as a consequence of whooping-cough, influenza, acute exanthemata, and more particularly, when it breaks out during the period of desquamation; *e*) on the *symptoms*; an excessive frequency of the inspirations (80 and more in a minute), and acute cyanosis almost always portend a fatal termination. Favorable symptoms are: abatement of the nightly restlessness, greater ease in breathing, vomiting after the coughing paroxysms. (*Canstatt*).

*Treatment.*—Considering that the little patient is unable to give an account of his pains and sensations, and depending almost exclusively for information upon the statements of the parents or nurse, the physician will not always find it easy to diagnose the disease after a first visit as a case of bronchio-pneumonia. This is of no great importance, however, in homœopathic treatment, for even if the physician should not at once hit the right name of the disease, he may nevertheless observe with tolerable correctness the perceptible phenomena, and if

he have a proper knowledge of the physiological action of his drugs, prescribe such a remedy as will touch his ease and strike at the root of the disease. Such a remedy will be the *Aconitum-napellus*, which not only corresponds with the inflammatory, but also the irritative stage. For this catarrhal irritation is nothing else than an inflammatory condition of the lining membrane of the air-passages. In after-life it might be necessary to give another medicine than Aconite, but in childhood, the inflammatory irritation throughout the whole course of bronchio-pneumonia, is such as may require Aconite for its best and truly specific remedy. In regard to the dose we need not be so very particular, although I have never gone lower than the 6th attenuation, and have never given more than a drop at a time. I should think that a stronger dose might produce an unnecessary medicinal aggravation. It is my advice to the beginning practitioner to compare with great care the phenomena of the case which he is called upon to treat, with the pathogenetic symptoms of Aconite, and to do this in every case, for the purpose of acquiring a thorough knowledge of the curative sphere of this great agent, which is indeed the corner-stone of the homœopathic edifice. I will not here recapitulate the symptoms which indicate Aconite, for I have described them over and over again, in the preceding chapters; suffice it here, to add, that the pains are particularly troublesome at night, and do not allow the child any rest until the nurse seats it up in bed, and plays with it; the nerves are very much irritated, the child's disposition is fitful, and its anxiety is so great that now it wants to sit up, and then to lie down again; all these and the various local symptoms point to Aconite as the true remedial agent in such a case.

As long as the fever remains high, the cough will be short, dry, rough, racking, and repeated doses of Aconite will still have to be exhibited, even though the pulse should become small; but if the fever should increase,

or there should be considerable congestion towards the brain, with violent throbbing of the carotid arteries, deathly paleness of the face, (arising from the sanguineous engorgement of the ventricles), or bloating of the face, sparkling and staring eyes, &c., *Belladonna* 24th or 30th, should be exhibited, a single dose of which will sometimes be sufficient to reproduce the former less dangerous condition, for which *Aconite* may then again be given. If one dose of *Belladonna* should not be sufficient to produce the desired modification of the symptoms, a second and even third dose may be given after an interval of three or four hours. In a disease of this kind an apparent exacerbation will sometimes take place, after hours and even days of favorable change; if this should be the case, it is advisable to give *Aconite* and *Belladonna*, in alternation every four to six hours, until the fever has disappeared entirely.

If the fever, without essentially increasing, should not be modified by *Aconite*, the dyspnœa should get worse, and the physical signs should point to hepatization, another remedy will have to be given, say *Phosphorus* 6th and 12th, every three hours. Considering the degree of rapidity with which a functional alteration develops itself in the infantile organism, and the striking changes which often set in so suddenly and unexpectedly during the course of an acute inflammation of the air-passages of children, I do not think that a dose every three hours would be too frequent. *Phosphorus* is particularly indicated by the following symptoms: increase of the short, dry, hacking cough, especially in the evening and at night in bed, preventing sleep; the cough is disposed to get worse again after it had once abated; in some cases the cough has a loose sound without any thing being raised; the child cries when it has to cough, and it tries to keep the cough down as long as possible; the dyspnœa and oppression are distinctly perceptible, although the child is unable to explain itself; they sometimes

increase to a perfect stoppage of breath and anguish, which is accompanied by paroxysms of suffocation even at night; the accompanying fever has a synochal character, with a hard, full, quick pulse, and frequent palpitation of the heart.

After Aconite, *Bryonia* 15th or 24th, is sometimes indicated even before Belladonna or Phosphorus. The fever has abated somewhat under the use of Aconite, and has a remittent erethic character. *Bryonia* seems to be most suitable after a critical sweat had already broken out at night, and the fever returned somewhat, mingled with a little chilliness; the fever has no regular exacerbations, and the appearance of the night-sweats is accompanied by restlessness, anxiety, vascular erethism, heat, tossing about, sleeplessness, and the like. The local symptoms are somewhat altered. The cough may be a dry hacking cough, but it results in detaching a little mucus in the larynx and bronchial tubes, and the child, by its motions, shows that it feels a pain in the upper part of the chest and throat. Or else the cough is a spasmodic cough, which continues until vomiting is either threatened or actually sets in, by which a little mucus and the nourishment, which the child had taken, are thrown up. There may likewise be palpitation of the heart and oppression on the chest. I have used this medicine with equal success in acute as well as chronic bronchitis; and in either variety, having first given a little Aconite, I have frequently effected a complete cure.

*Pulsatilla* 12th, is useful in the irritative stage, when the children are somewhat advanced in growth, of a slender make, and the catarrhal condition, and the local symptoms are worse in the evening, especially when lying on the side; among such symptoms the huskiness of the chest, the racking, shrill cough, and the dyspnoea, especially when lying on the back, are particularly prominent. This medicine may likewise be employed

towards the end of a catarrhal inflammation, if it run a course resembling that of pneumonia, and the stage of convalescence be characterized by a profuse secretion of mucus in the bronchial tubes, in which case both the mucus and cough will disappear under the use of *Pulsatilla*. Other remedies beside those mentioned above, such as *Tartarus-emeticus*, *Lycopodium* and *Sulphur*, may have to be employed in the ultimate stage of this disease; but such cases belong to the more complicated forms of this inflammation, which do not come within the limits of the present work, and have been circumstantially described in my large Treatise on acute and chronic diseases. I refer the reader to the chapters on catarrh, catarrhal fever, pneumonia, &c., in the aforesaid work.

2.) *Carditis et Pericarditis-infantum*; (*Inflammation of the Heart and Pericardium.*)

This disease is neither very frequent among children, nor very rare; but its phenomena are apt to be overlooked or to be mistaken for meningitis or enteritis. The little patients are generally so restless that it is impossible to investigate the physical signs. The disease occurs seldom as an idiopathic disease, but generally as a sequela of other diseases; nor is it easy to distinguish an inflammation of the substance of the heart from that of the pericardium; these two kinds of inflammation are generally combined, and the homœopathic treatment is strictly symptomatic.

The inflammation, when not of a metastatic origin, generally sets in with febrile motions, constant chills and shiverings, followed by uninterrupted heat and restlessness. At the same time we notice a palpitation of the heart over a large surface, a continually and extremely hurried pulse, which is at first full, and afterwards becomes small and fluttering. It is a characteristic symptom in this disease, that while the beats of the heart are generally heavy and strong, the pulse of the



extremities is small and filiform; moreover the beats of the heart lose their rhythm, become intermittent, and the pulse likewise becomes irregular. (If the pericardium contain but little serous exudation, or none at all; in such a case, according to *Skoda* and *Kolletschka*, the pulse is not much accelerated; it is only when there is considerable effusion that the pulse becomes unequal, intermittent and small.) The little patients toss about, manifest much anxiety, suffer dyspnœa, and are attacked with suffocative symptoms whenever their situation is changed; the symptoms are generally worse when the children lie on the left side. If the children be intelligent enough to explain themselves, they will sometimes complain of a burning and sometimes stitching pain, extending to the left shoulder and arm; sometimes, however, they will point to the abdomen and heart as the seat of their pains. The præcordial region is generally swollen, and the respiratory murmurs in this region have generally disappeared. The extremities are cold, the face is pale and disfigured, with a serious and desponding look, sometimes a little flushed, bloated, and the lips, nose and cheeks have a bluish tint. The features generally are expressive of an intense and deep-seated affection, and in some cases risus sardonius and fainting fits increase the list of dangerous symptoms. The respiration is oppressed, moaning, with dilatation of the wings of the nose and impeded speech. The lips and tongue are dry and the thirst excessive, but the agony is so great that the child is unable to drink a sufficient quantity. The urine is scanty and dark, afterwards the feet become œdematous. Generally the bowels are bound. The internal anguish, which is sometimes momentarily alleviated by an erect posture and by bleeding at the nose, seems to be aggravated by eating, drawing the breast or motion.

Although it is difficult to obtain a correct knowledge of the physical signs, yet auscultation should not be

neglected. On percussing the region of the heart, we hear a dull faint sound; the stethoscope reveals various kinds of sound in the carditis of children. *Collin* compares the noise to the creaking of fresh leather; *Stokes* and *Lannec* to the grating or jarring of a rasp; *Holscher* heard a noise like that of a mill-wheel, with strong shocks intervening at regular periods; others again heard a bellow's noise. In the course of time these various murmurs and sounds will perhaps be more clearly defined than has been the case heretofore.

The disease is sometimes complicated with pleuritis, pneumonia, gastric or nervous affections. The cough is at times slight, at others very troublesome, but abates during the remission; if the gastric functions should be involved, there is a loss of appetite, the tongue has a whitish coating, the lips are dry and the bowels are bound. When the disease has reached its acme, spasms, convulsions and stupor announce the approaching dissolution, which is sometimes averted for a time by bleeding at the nose. Carditis is either acute or chronic; the symptoms are alike, but the latter generally sets in after whooping-cough, or in consequence of some other inflammatory affection in the neighborhood of the heart.

The prognosis depends upon the quantity and quality of the exudation and upon the intensity of the inflammation; an exudation of pus, ichor, coagulable lymph, or a copious exudation prognosticate a fatal termination; complications with pleuritis, pneumonia, endocarditis are likewise very dangerous. A primary inflammation of the heart and pericardium can be cured more easily than a metastatic inflammation. A pre-existing organic disease of the heart is likewise a very bad and perhaps fatal circumstance.

The causes and the treatment of an endocarditis, which is likewise more frequent among children than full-grown persons, being almost the same as those of a carditis or pericarditis, I will add a description of the above disease to the two latter.

*Symptoms of Endocarditis.*—The subjective and febrile symptoms are almost the same as those of pericarditis. In simple endocarditis there is scarcely ever any pain in the præcordial region, as is the case in pericarditis, but there is, instead, a feeling of malaise, pressure, violent anguish; actual pain, according to *Bouilland*, almost always depends upon complication with pericarditis or pleuritis. In endocarditis the region of the heart is violently shaken by the tumultuous motions of this organ, imparting to the super-imposed hand a sensation of vibratory fluttering; auscultation reveals a metallic ringing sound synchronous with the systole of the heart. The beats of the heart are from 120 to 160 a minute; there is no excessive heat, thirst, nor are the other phenomena characterized by an extraordinary degree of intensity, but they frequently intermit and are irregular. The radial pulse differs considerably from the beats of the heart; whilst these are violent and tumultuous, the pulse, especially when fibrous concretions of the valves are present, may be small and feeble, and less frequent than the beats of the heart. A characteristic symptom in this disease is a bellows-noise, which is perceived by means of the stethoscope, and is at first faint but gradually becomes harsher; it disguises the sounds of the heart, either both or one of them. An abnormal prominence of the region of the heart can only exist, when the disease is complicated with pericarditis or after the heart becomes hypertrophied.

The subjective phenomena are varied and changeable. In the commencement of the disease, and as long as the patients remain quiet, the subjective symptoms are very scanty; and the presence of the disease can only be fully known by an investigation of the physical signs. It will however happen that the dyspnœa, and the phenomena of a disturbed venous circulation attain a high degree; the patients are threatened with suffocation, toss about in the highest agitation, have no sleep, have

to sit up in order to find relief, the breathing becomes stertorous, there is froth at the mouth, they faint away frequently, their minds become confused and even delirium sets in; in some cases the disease terminates fatally after running a short course. In chronic endocarditis the symptoms develop themselves much more slowly. At first there is a simple feeling of embarrassment or anxiety in the region of the heart, mingled with paroxysms of palpitation; afterwards dyspnœa, livid complexion, œdema. The physical signs point to valvular disease, the pulse becomes frequent and irregular, &c.

The essential difference between endocarditis and pericarditis may be said to be as follows:

#### ENDOCARTIS.

There is seldom any pain felt in the præcordial region.

The beats of the heart are violent and near the surface.

Faint resonance in the region of the heart, not very extensive; the præcordial region is not uncommonly arched.

The bellows' noise is almost persistent, simple or compound.

Pulse frequently disharmonic with the beats of the heart.

#### PERICARDITIS.

Generally an acute pain near the surface, which is increased by percussion and movement.

The beats of the heart are dull and as if at a distance from the surface.

The faint resonance of the region of the heart extends over a considerable area; the præcordial region is arched.

Peculiar friction-sounds of the pericardium.

Pulse generally synchronous with the beats of the heart.

In some cases the symptoms of both kinds of inflammation coexist. If the patient should never have had a disease of the heart and the above described phenomena should occur, an inflammation of the membranous envelop may generally be inferred.

In order to be as complete as the limits of this work and the importance of this order of diseases demand, I will subjoin with all proper brevity the anatomical characteristics of pericarditis.

Sound valves consist of a fibrous tissue, and of a serous lining, which is a prolongation of the internal serous membrane of the heart, (termed endocardium.) As we grow older, these tissues, and especially the serous

membrane, undergo changes which it is important to know, since organic diseases of the heart frequently originate in them. On account of a similarity of the tissues, the anatomical signs of pericarditis are very like those of pleuritis. An injected condition of the vessels, redness, especially of the subserous cellular tissue, and liquid effusion in the sac are the essential anatomical signs. The redness of the pericardial sac is of various forms, in dots, spots, or as if sprinkled, or it has a brownish tint, or it radiates from various centres, or the sac looks as if ecchymosed, or in some cases as if soaked with blood. The serous surface of the pericardium becomes rough, interstitially distended, sometimes dim. The exuded substance varies: it is either clear, of a lemon or straw-color; or it is a greenish, reddish serum mixed with a few flocks of semi-coagulated albumen, or it is a turbid liquid resembling whey; a liquid effusion is sometimes re-absorbed very rapidly. Whether an excess of fibrin in the effusion is owing to a high degree of inflammation, is not fully certain. The coagulable matter is deposited in coherent, pseudo-membranous layers over the whole surface of the heart and pericardium; it is of the consistence of a thick paste, gray, yellow, reddish. An effusion of pus generally takes place only when the inflammation runs a short course and is very intense. The inflammation is seldom confined to the serous membrane of the pericardium; in most cases the internal surface of the heart acquires a darker tint, especially in the neighborhood of the auriculo-ventricular valves. In some cases there are adhesions of the heart and pericardium with the lungs and diaphragm, and the pleura may likewise be involved in the inflammation. The anatomical phenomena of endocarditis are similar to the above.

*Course and termination* of endocarditis: The duration of the disease depends upon the exciting cause, the intensity and extent of the inflammation, the constitution and age of the patient, the existing complications, and



the character and starting-period of the treatment. The course of the disease is not always regular, but is sometimes interrupted by remissions, which are again followed by exacerbations of all the symptoms. The most acute forms of this disease generally occur after a sudden cold. If the disease should be complicated with pneumonia, pleuritis, pericarditis, phlebitis, it generally runs a very acute course. Terminations are: gradual disappearance of all the symptoms, sometimes with critical discharges, or if the disease had a metastatic origin, a return of the original morbid appearance upon the external surface. There is a constant disposition to relapses. The most frequent termination is valvular disease, which either results in stenosis or insufficiency, and which in its turn, leads to hypertrophy, dilatation of the heart, or some other alteration of this organ. Death takes place very rapidly by paralysis of the heart; the breathing becomes more anxious, the pulse is feeble and irregular, the agony is horribly intense, fainting fits follow in rapid succession. The endocarditis which develops itself in consequence of a fever, is generally uncomplicated with other inflammations; rheumatic endocarditis is generally accompanied by pericarditis, or the inflammation of the pericardial sac may precede the inflammation of the endocardial membrane; in most cases the pericardium and endocardium become simultaneously inflamed.

*Prognosis of Endocarditis.*—It is one of the most serious diseases, and develops itself in such a hidden and insidious manner that it is not generally perceived until it has reached a considerable development, and effected the deposition of a large quantity of coagulable matter. The anatomical alterations of chronic endocarditis are generally permanent. The prognosis is doubtful, when there is much oppression, a frequent and irregular pulse, becoming more and more feeble, in spite of the continued and tumultuous action of the heart, and



when frequent fainting spells take place; death is near, when the palpitations of the heart subside into a fluttering motion, with continual anguish, agony, cold sweats. Favorable symptoms are: decrease of the anguish, of the palpitations and the frequency of the pulse, with a general feeling of ease and ability on the part of the patient to change his position.

*Causes of the different forms of carditis*, in so far as they ought to be mentioned in a work of this kind. Inflammations of the heart occur at every period of human life, and pericarditis even in infancy. In most cases such inflammations are seen in connection with acute articular rheumatism, not as metastatic diseases, but as existing simultaneously with the general rheumatic inflammation, whence the propriety of examining the condition of the heart in every case of inflammatory rheumatism. Affections of the heart are very apt to supervene in rheumatic arthritis of children and adolescent youths. One of the principal causes of the disease is cold, especially in spring and during sudden changes of weather. Pericarditis may result from an extension of pleuritis and pneumonia; endocarditis may have a similar origin. The inflammation may set in metastatically after acute exanthemata, such as small-pox, scarlatina, measles, erysipelas, rash. When the patients are without consciousness, the dyspnœa seems to be wanting, likewise the pain in the præcordial region; in some cases the disease has to be diagnosed from the physical signs. Violent exertions of the heart, and long lasting or violent emotions, such as anguish, fright, fear, may likewise occasion the disease. Organic affections of the heart may also lead to it. (*Canstatt.*)

*Treatment.*—Under allopathic treatment the first thing is of course depletion, and if the patient should die nevertheless, why then art has done all that it could do, and the patient's death was inevitable. So much charity is not extended to homœopathic practitioners,

although they lose proportionally much fewer patients from such diseases than Old-School physicians. This illiberality, however, need not discourage the beginning practitioner of homœopathy, and he may take my advice, and boldly, but with a proper knowledge of all the resources of his art, apply the homœopathic law of cure to diseases of the heart, and the result will not disappoint him. In re-proving our drugs, or in proving new drugs, care will be taken by observing the physical signs, to ascertain the degree of relation which certain drugs hold to particular affections of the heart, and by this means the homœopathically specific treatment of this class of diseases will be much facilitated.

Among the remedies which will have to be used for diseases of the heart, *Aconite* occupies the first rank, as indeed it does in all inflammatory diseases. It alone is frequently sufficient to remove the disease, or at any rate so to modify it, that another medicine will be able to complete the cure. It is understood that the *Aconite* is not to be used as a routine agent, but in strict accordance with the symptoms, which have been so frequently mentioned in this work, that it seems almost needless to repeat them again in this place. It is especially indicated when the disease was caused by a cold, no matter whether the substance of the heart or its serous envelopes are the seat of the inflammation. Some characteristic indications for the use of *Aconite* are either a full, strong and rapid, or a small and quick pulse, accompanied by tumultuous palpitations of the heart and an intense agony; fainting fits occurring whenever the position of the patient is altered; great relief by an erect posture, nervousness, debility, suffocative paroxysms during the least exertion, dry heat, a burning skin, intense thirst, alternately pale and red cheeks. In rheumatic endocarditis, the joints are generally red, swollen, and painful. The physical signs are: percussion-sound dull over a normal space, the motions of the heart acce-

lerated and violent; pulse frequently disharmonic with the beats of the heart; the sounds of the heart, either both or only one, disguised by the different murmurs. These physical signs may, however, be wanting or modified without either Aconite or any of the following medicines being counter-indicated thereby; the great condition of a cure is that the remedies we prescribe, shall dynamically correspond with the disease.

Next to Aconite, *Belladonna* deserves our special regard in affections of the heart. In children of from four to six years old, I have employed the third or sixth, and in little infants the twelfth to the fifteenth attenuation. I am obliged to state that I have found the lower attenuations more efficacious than the higher and highest. The more violent the inflammation, the more frequently has the dose to be repeated. In some cases I had the medicine given as often as every hour, in milder cases every three hours. As the danger abates, the intervals between the doses may be prolonged. My principal reasons for the exhibition of *Belladonna* in those cases of carditis which I have had to treat, were the presence of the following symptoms: raging fever, not so much a strong and rapid, or a small and quick pulse, as a violent tumult in the circulation, and in all the organs and the outer parts of the organism, involving a similarly tumultuous impulse of the heart; violent burning heat, internally and externally, heaving of the chest with hurried breathing, inexpressible anguish, which is distinctly depicted in the features, and is occasioned by a most violent beating of the heart as if the chest would fly open; violent throbbing of the carotid and temporal arteries, externally perceptible trembling of the heart, which seems to be reflected by the shaking and trembling voice of the child; and repeated fainting fits accompanied by cold sweat all over, and attended with a retching as though the patient would vomit, and likewise accompanied by flying stitches of the heart. It is not to be wondered

that such violent symptoms of a disordered action of the heart, should be accompanied by equally marked phenomena of nervous excitement, such as violent delirium with furibond looks, rolling eyes, spasms, and even involuntary stools resulting from this typhoid condition. It is almost impossible, in consequence of the anguish and the continual restlessness of the child, to obtain any physical signs ; but this is immaterial, for the condition points too evidently to inflammation of the pericardium and endocardium to admit of any doubt ; the latter membrane being probably chiefly involved when the disease arose from a cold, from some previously existing acute exanthem, or from acute rheumatism. It is not necessary that the above mentioned symptoms should all exist together in the same case ; one or more characteristic symptoms suffice to determine the selection of Belladonna in this disease.

*Bryonia-alba*, 6th or 12th attenuation, suits the less acute, slowly-developed cases of carditis, with few external symptoms, and where our chief reliance is upon the physical signs. It is therefore adapted to those cases which spring from pleuritis, peripneumonia, diaphragmitis ; from a congested condition of the organ, or from some dyscrasia of the blood ; or it is likewise adapted to such inflammations as either precede or succeed an acute exanthem. The serous membranes are principally involved in the inflammatory action. The principal cause of such an inflammation is exposure to a dry cold, hence we find that other rheumatic symptoms, such as stiffness and tension of the nape of the neck, knees, tarsal joints, or a shining and red swelling of the joints, are generally present. The fever has almost the character of a synocha, but is less violent than the Aconite or Belladonna-fever ; and the patient is relieved by a slight moisture, especially in the morning-hours, after which his sleep, which was previously restless and disturbed, becomes more quiet and refreshing. The paroxysms of dyspnœa

are frequently quite violent, especially at night, and are aggravated by the least motion or by a recumbent posture. The stitching pain in the region of the heart, although it only occurs periodically, is nevertheless very troublesome, and is aggravated by percussion and motion; the pulse is generally synchronous with the beats of the heart, and the stethoscope reveals the usual pericardial friction-sounds. All this shows that *Bryonia* is more particularly adapted to pericarditis.

These three remedies, *Aconite*, *Belladonna* and *Bryonia* have been all the remedies that I have ever been obliged to use in the different forms of carditis. In the chronic form I have only seen good effects from *Bryonia*, or from *Aconite*, in alternation with *Bryonia*, or some other remedy indicated by the symptoms.

There is a form of pericarditis where the beating of the heart is scarcely perceptible, or only at a distance from the surface, and is moreover dull; the pulse is rather small; the fever is not inconsiderable, consisting of violent chills alternating with extreme heat; the pulse and the beats of the heart are irregular, and the diagnosis, without the physical signs, is scarcely possible. The labored breathing shows that the lungs are weak and it is a condition of impending paralysis. Under these circumstances no remedy has a better effect than *Laurocerasus* 3d or 6th, one dose every half hour.

Chronic carditis frequently arises from the various contusions and displacements of the thoracic bones and cartilages, caused by the indiscretion and levity of mothers and nurses; the children cry as if from pain when raised under the arms, and experience dyspnoea and an oppressive anxiety. The physical signs should at once be investigated, and *Arnica* 6th, one or two drops in a few ounces of water, be given every three hours.

I have given *Cannabis* 3d, with great advantage when the bounding of the heart seemed to shake the trunk and the outer wall of the chest, and the patient was driven



about by his anxiety; the palpitation was heard over a large area, even in the pit of the stomach. Towards night the restlessness increased to anguish, which was attended by a frequent desire to urinate, with discharge of a few drops of a whitish-turbid urine. Notwithstanding the previous existence of pseudo-membranous layers on the surface of the heart and pericardium, an incipient exudation reveals the new inflammatory process. The medicine should be given every two or three hours.

*Colchicum* 12th is an excellent remedy in rheumatic endocarditis. It is indicated by the following symptoms: labored, unequal, hurried respiration, with oppressive anxiety and paroxysms of violent palpitation of the heart, stitches striking through the chest and emanating from the heart, causing the child to cry out or to start; the joints of the fingers, toes, knees, &c. are generally swollen, red, now one joint, then another, the inflammation shifting about; the affected joints are very sensitive to contact; the pain is alleviated by external warmth, wrapping up the parts in cotton, wool, &c. The fever is moderate, although the pulse is irritated, rapid and very frequent; the heat is generally worse at night, attended with thirst; there is no sweat or else the sweat, which breaks out in the morning and has a bad smell, affords no relief; the urine is dark and scanty. *Colchicum* and *Aconite*, both, have acted better in my hands when given alternately than when exhibited each by itself.

*Arsenic* probably acts better in pericarditis than in endocarditis. According to my experience Arsenic is not so much indicated by inflammation as by congestion of the heart or the adjoining organs, or by disorganization of the heart and pericardium, hypertrophy, dilatation, stenosis or insufficiency of the valves, or by spasm of the thoracic organs. It may, however, do good service in inflammation of the heart or its membranes.

*Spigelia* is very useful in chronic carditis. It is indicated by tumultuous palpitation of the heart, which is



not only heard, but also seen ; the stethoscope reveals a tremulous, undulating motion of the heart, also a noise like the purring of cats or the grating of a rasp, or a metallic ringing synchronous with the systole ; the pulse is rarely regular, at times quick, at others slow, but never intermittent ; the chest is constantly oppressed, especially during a change of position, and the flying stitches are never wanting ; on percussing the chest, or when touching the region of the heart which appears swollen, the patient complains of pain. These symptoms are sometimes accompanied by a painful sensitiveness of the whole body, or only in the abdomen where the patient experiences cutting pains, or by a sudden spasmodic, suffocative cough. The pulse is no suitable index for the fever ; there is a constant alternation of heat and chilliness, with evening-exacerbations followed by an increase of thirst. *Spigelia* may be used in pericarditis as well as in endocarditis, and is especially suitable in relapses or for persons affected with chronic disease of the heart. *Spigelia* may be ranked with *Aconite*, *Belladonna* and *Bryonia*, in acute inflammations of the heart. In chronic carditis I give a dose morning and evening, or only one dose, using the 3d to the 6th attenuation. For a chronic disposition to disease of the heart, *Sulphur* and *Sepia* may be given alternately every two or three weeks.

#### B.) INFLAMMATIONS OF THE ABDOMINAL VISCERA.

##### 3.) *Peritonitis-infantum* (*Inflammation of the Peritoneum.*)\*

*Simpson* has shown in No. 137 of the Edinb. Medical and Surg. Journal, that this inflammation occurs even in the fœtus, and it frequently causes its death. In some cases the child is born alive ; the distended and painful abdomen, the fluctuations in the abdominal cavity, which

---

\* See Dr. Hofrichter's Essay in Vol. 42, No. 16, of *Hom. Gazette*.

are sometimes perceived very clearly, the general anasarca or the œdema of the lower extremities, and the icterus indicate the existence of some deep-seated disease, which terminates fatally in a few days or hours. The disease seems to set in in the 7th or 9th month, and is frequently combined with other abdominal affections, such as, hepatitis, rupture of the liver, hæmorrhagical effusions, hypertrophy of the spleen, &c. Billard (see his *Maladies des nouveaux-nés*) and Dugès (*Lexique Universel*) confirm the existence of peritonitis in the fœtus. (*Canstatt.*)

This disease seldom appears alone, and is generally accompanied by enteritis to which it resembles. It is both acute and chronic. Acute peritonitis sets in with heat, loss of appetite, or even vomiting; soon the child becomes restless; the face, which has a yellowish tint, has an expression of pain, and the frowning of the eyebrows imparts to it, moreover, an expression of seriousness and anger. The abdomen is either uniformly distended or drawn up to a point in the umbilical region; it is very sensitive, but the children do not cry out and only moan, on account of the pain being increased by the crying. As the inflammation increases, even the breathing becomes labored and the children are unable to draw a long breath. Sneezing and coughing are very painful. The fever is remittent; the skin is dry and hot, the thirst very great, the pulse feeble and frequent, the tongue red along the edges and in the middle, as if covered with lard; the urine has a dark color, and is scanty; the other symptoms are constipation, sleeplessness, tossing about, but the children always prefer a recumbent posture. Auscultation is said to reveal a friction sound or a noise like the creaking of leather, especially in the umbilical region. When effusion has set in, the abdomen becomes more and more distended, the face hippocratic, the pulse small and imperceptible, the patients remain conscious, but answer slowly, their strength fails, the skin

becomes cold, diarrhœa and bilious vomiting set in, and death takes place either with or without sopor.

Although it may seem easy, from the description which I have just given of the disease, to diagnose peritonitis, yet the diagnosis is sometimes rendered obscure by the slowly-developed character of the disease and the co-existence of enteritis and encephalitis. In the latter case the sensitiveness of the abdomen to the touch and the physical signs are much less marked than the peculiar encephalitic expression in the features of the child. If the disease should be accompanied by atrophica mesenterica, it runs a chronic course, and the post-mortem examination reveals a serous-membranous exudation, granulations and tubercles in the inflamed parts. This is the so-called *tuberculous peritonitis* which occurs only in scrofulous children.

Chronic peritonitis at first appears very mild, in the form of some gastric derangement, for which it is mistaken, until the emaciation is accompanied by more serious phenomena, such as slimy diarrhœa, and meteorism, and painfulness of the abdomen to the touch—signs of a fatal effusion into the peritoneal cavity.—Chronic peritonitis sometimes remains after a badly managed acute attack.

The post-mortem appearances are the same as those in full-grown persons: redness, softening of the peritonæum, serous, purulent, fibrinous exudations, pseudo-membranes, &c.

*Causes.*—According to Romberg peritoneal inflammations occur most frequently in children of from three to thirteen years old. The principal cause of the disease is a cold, sometimes an error in diet. Or else the inflammation of the peritonæum is caused by the inflammation, disorganization, rupture, perforation of some other abdominal viscus. It may be caused by tuberculosis of the mesenteric glands; or it may exist as a secondary disease in ascites, typhus, or as a sequela of scarlatina.

The prognosis is always doubtful, whether the disease

be acute or chronic. The acute form leads more rapidly to disorganizations, but then the chronic variety may depend upon some previously-existing disorganization. The prognosis depends specially upon the age and constitution of the patient, the cause, form and extent of the inflammation, the duration and intensity of the disease. A simple inflammation is undoubtedly the least dangerous.

*Treatment.*—Among the remedies which we require to use for this disease the first rank is again held by *Aconite*. It is even indicated by the precursory gastric derangement, loss of appetite, aversion to food, a burning thirst for bitter-tasting beverage, such as beer, after which eructations ensue, which are frequently accompanied by nausea and a desire to vomit. To be sure, such symptoms as these, when there is not much fever and not much abdominal distress, might point to *Ipecac.*, *Cham.*, *Antimon.-crud.*, *Pulsat.*, *Ignat.*, *Veratr.*, &c., whatsoever the origin of the disease may be, a cold, gastric derangement or a scrofulous disposition. Even the distension and fulness of the hypochondria, when not accompanied by pain, does not counter-indicate these remedies, and is frequently removed by them. But if the distended abdomen should be painful to the touch, if the child should be attacked with paroxysms of anguish, attended with ineffectual urging to stool, sleeplessness and constipation, and if these symptoms, as they almost always are, should be accompanied by febrile motions, in such a case *Aconite* is the sovereign remedy, and should be given every hour or two hours if we mean to moderate the fever and inflammation and thereby prevent a fatal effusion. The most suitable attenuation is from the 3d to the 12th.

*Belladonna* is principally of use in cases of a dangerous and complicated nature, when adjoining organs are invaded in the inflammatory process, or when the peritoneal symptoms are almost completely disguised by a co-existing inflammation of the brain. I have employed

Belladonna with success in the most desperate cases, in some of which Aconite had been used without effect; this, however, might have been owing to the fact that in these cases the peritoneal inflammation was complicated with inflammation of the adjoining organs. When Belladonna is the true remedy, the pains in the abdomen are more distinct, the heat and burning, especially in the umbilical region, are more intense and more clearly perceived by the hand when placed upon the abdomen; but, beside the umbilical region, other definite and circumscribed parts of the abdomen may likewise be inflamed; such inflammation is generally accompanied by small diarrhœic stools, empty retching, and an oppressive restlessness, which even increases to anguish. We notice evident traces of a complication with enteritis, and this is still more evident when the diarrhœa stops suddenly and the opposite state sets in. The fever is intense; there is a violent dry heat, internally as well as externally, with an unquenchable thirst; generally the pulse is strong and quick; but more frequently small and quick; if there be any sweat, it is not a critical sweat, but only breaks out in certain places; the scanty urine is turbid and deposits a white sediment; in several cases the urine assumed a greenish tint after the exhibition of Belladonna; this seemed to be a critical appearance, for it continued for several days even after all the other symptoms had abated. The above mentioned symptoms are frequently so little developed, that the existence of some deep-seated disease has to be inferred from other disturbances of the sentient sphere, which are so strikingly developed that the abdominal symptoms are disguised and remain unheeded on that account. It is the high nervous excitement, the excessive wakefulness, the starting during sleep as in affright, the wildly-rolling look, continuing even long after waking, and then leaving an expression of shyness and fearfulness, and leading one to suspect that the brain is affected, accompanied by



great paleness or redness of the face, and twitching of single parts of the facial muscles : such symptoms require the use of *Belladonna*. Soon the fever becomes more marked, and assumes an inflammatory character. These are the cases of peritonitis which admit of pressure on the abdomen without experiencing any pain, and where the existence of peritonitis has to be discovered by means of the stethoscope. Sometimes the peritoneal inflammation seems to be superseded by an inflammation of the brain, but this metastasis is only apparent, for as the cerebral symptoms abate, the abdominal symptoms reappear ; in such cases *Belladonna* is likewise the best remedy. The indications which I have furnished, are intended to determine the reader to search the records of the materia medica on his own account, for further information respecting the therapeutic virtues of *Belladonna*. All I have to add is that this remedy has to be exhibited in all attenuations from the 6th to the 30th, a few globules or one drop dissolved in water, a dose to be given every two or three hours. In cases where the inflammation is not very apparent or where there seems to be a tendency to the brain, *Belladonna* has to be given in alternation with *Aconite*.

Next to these two remedies ranks *Mercurius*, which, according to my opinion, is likewise much more suitable in cases of complicated than of simple, uncomplicated peritonitis. It is very difficult to distinguish between enteritis and peritonitis, though enteritis is more easily diagnosed than a peritoneal inflammation. This fact is likewise confirmed by post-mortem examinations. Even in cases where the peritoneal inflammation resulted from a mechanical irritation of the peritoneum, the adjoining intestines become speedily involved in the inflammatory process. How much more easily must this take place when the peritoneal disease is the product of a general constitutional disturbance. *Mercurius* is characteristically indicated by the following symptoms : painful sensitiveness



of the abdomen to contact and pressure, distention and hardness of the abdomen, with rumbling in the same, as from accumulated flatulence, or as if diarrhoea would set in; a peculiar expression of pain in the sunken, jaundiced countenance; aversion to solid food, sometimes alternating with canine hunger; excessive desire for cold water; furred tongue; full and accelerated pulse, the throbbing shaking the body; anxiety and restlessness, tossing about, especially at night, with sleeplessness. I use from the 6th to the 12th attenuation, and repeat the dose every three hours.

*Bryonia* is an excellent remedy which should not be chosen, however, on the strength of its efficacy in constipation. In peritonitis the slow stool is only a secondary symptom, which would not have any value if the other symptoms did not likewise point to *Bryonia*. The principal symptoms which indicate the use of *Bryonia*, are: considerable fever, with vascular and nervous excitement, nightly restlessness, sleeplessness, with heat and tossing about, violent thirst which can only be quenched by taking a large quantity of drink at one time, after which the patient has to vomit, and constipation. The dingy-yellow color of the face and a momentary bloating of this part, point to an affection of the abdominal organs, which is confirmed by the distention, heat and sensitiveness of the abdomen. Another characteristic indication of *Bryonia* is the frequent alternation of heat and chills. When these symptoms occur, it might be advisable to give first a few doses of *Aconite* and afterwards the *Bryonia*. Nobody could find fault with such treatment, and the use of *Aconite* could only be condemned if it were persevered in, notwithstanding the disease remained stationary. In such a case *Bryonia* 12th, should be given, repeating the medicine at suitable intervals.

Recent investigations and post-mortem examinations have shown, that in peritoneal inflammation the adjoining organs are involved in the inflammatory process. But,

was this so from the first outbreak of the disease? Was it actual peritonitis when the disease first showed itself, or was it not the treatment rather that made it so? Physicians who are governed by mere names, do not understand the meaning of existing symptoms, but homœopathic physicians know that remedies are not intended for the names of diseases but for the dynamic condition constituting the disease, and that, on this account, a remedy may be given for peritonitis, in almost every stage of the disease, which does not, properly speaking, belong to the class of antiphlogistics. How often, for instance, does the peritonitis of children set in with colic, distention of the bowels, painful sensitiveness of the abdomen to contact, small, watery or even undigested stools, especially at night, and sometimes accompanied by retching; and how often are these symptoms accompanied by nervous sensitiveness, tendency to start, moaning and crying, which obliges one to carry the child all the time, with internal and external febrile heat, chilliness on being uncovered, and sweat as from anguish on being covered up again. Do not such symptoms as these indicate an approaching peritonitis? And are they not speedily and effectually removed by a dose of *Chamomilla* 6th or 12th? And there are other medicines which would have cut short the disease before it had attained a full development, if the physician's reason had not become obscured by the physical signs, and if, instead of prescribing for a speculative name, he had given a remedy for the dynamic morbid state indicated by the perceptible symptoms. The modern physician, stethoscope in hand, steps up to the sick-bed and prides himself in the apparent superiority of his diagnosis; but he should not forget that it is not sufficient to be acquainted with the technicalities of disease, but that the highest object of medicine is to cure it. And this object can only be attained promptly and safely by strictly following Hahnemann's rule to adapt the remedy to the subjective, dynamic, or substantial

condition of the patient, and not to what we suppose to be the pathological changes occasioned by the disease.

In the more complicated forms of peritonitis the above-named remedies are not always sufficient, and other medicines may have to be resorted to, among which I will mention the following: *China* is indicated, like *Chamomilla*, by shiverings when the patient uncovers himself, though these shiverings are not so much characteristic symptoms of either the *Chamomilla* or *China* as substitutes for the enormous sweats which sometimes occur in this disease; the burning heat, the dry mouth and parched lips, the dirty-white coating of the tongue, the flushed cheeks, the delirium and prostration impart to the fever the character of a slow typhoid fever. If these symptoms should denote an incipient exudation or suppuration, and should moreover be accompanied by meteorism, a hippocratic countenance and such like phenomena, the indications for *China* are pretty complete. It may be exhibited in the 12th attenuation, every two hours. *China* may likewise prove useful in less dangerous cases of peritonitis after the use of one of the previously-mentioned remedies. For a detailed account of the symptoms which should determine the selection of *China* in such cases, the reader is referred to the pathogenesis of this drug.

Another remedy, which may be resorted to when the disease assumes a typhoid character, especially when *Bryonia* had been unable to prevent the transmutation from a purely inflammatory into a typhoid disease, is *Rhus-tox*. The fever is characterized by excessive heat, violent thirst, dry skin, anxiety, dulness of the head, violent delirium, grasping at flocks, excessive debility, red and dry tongue, dry, brown lips, red, burning face, quick pulse. The patient ceases to complain of his abdomen, which is, however, very much distended, especially in the umbilical region; the constipation has given way to diarrhœic stools, especially in the evening and early in the

morning ; the urine is dark and hot, appetite gone. These symptoms point less to a strictly typhoid condition than to incipient disorganization in the bowels, and will not yield, of course, until the morbid process in the abdomen is arrested. I know from experience that *Rhus-t.* is capable of accomplishing such a result, provided the vital reaction had not been entirely destroyed. I have used with equal success high and low attenuations.

In desperate cases *Arsenic* may still help, if the following symptoms occur: The disease develops itself slowly and the local symptoms are not very violent at first. The precursory symptoms are not very striking ; but suddenly the patient complains of horrible pains in the abdomen which deprive him of sleep, accompanied by an intense burning heat, especially at night, longing for drink and excessive prostration. The symptoms probably indicate a mingled inflammatory and typhoid condition. The smallest portion of a drop of *Arsenic* 30th will remove this condition, and if the dose should have to be repeated, an interval of from six to eight hours should be suffered to elapse.

In conclusion I will here relate a case of apparent peritonitis which I treated years ago. A boy of six years had rolled in the snow, the weather being pretty cold, with a sharp wind. On the following evening the cough which had troubled him for some days previous, suddenly grew worse, and became particularly troublesome on account of the painfulness of the abdomen, which was at first only felt during a paroxysm of cough, but afterwards continued all the time. The umbilical region became somewhat distended, and the sensitiveness to contact excessive. The bowels became torpid ; the fever, heat and thirst increased, the sleep was disturbed by cough, pain in the bowels, anxious dreams ; the appetite was not quite gone. I gave the child a dose of *Nux-vomica* 12th, and next morning I found him playing about the floor ;

even the cough had almost entirely disappeared, and no other medicine was required.

*Sulphur* might perhaps help us along in many cases of obstinate peritonitis after Aconite, Belladonna, Bryonia and Mercurius had been given without effecting a cure. In such cases the disease probably depends upon the presence of some psoric miasm, which it may require a dose of Sulphur to neutralize.

The diet should be regulated with the utmost strictness. The best drink is cold water, or a little milk either warm or cold; and if there should be a good deal of vomiting, small quantities of fresh cold water are still the most suitable beverage.

#### 4.) *Gastritis et Enteritis, Gastro-enteritis (Inflammation of the Stomach and Bowels.)*

It is certainly true that this kind of inflammation occurs quite frequently among children, but on the other hand, it is likewise true, that post-mortem examinations frequently reveal the existence of this disease, when some other disease had been supposed to exist, whence we may conclude that in such cases, the inflammation had been caused by the enormous doses of medicine which the child had taken, especially calomel.

It is not easy to diagnose diseases of the abdominal organs in children, especially inflammations, for in all such cases the physician has no other means of judging than his own observations. The physical signs should not be deemed more important than they are. Palpation according to Piorry's method is probably the safest mode of investigating the condition of the abdomen, and the stethoscope, in case there should be an effusion of coagulable lymph, may reveal to us friction sounds, resulting from the rubbing of the uneven rough surfaces of the bowels against the peritoneum.

When enteritis is about to set in, a single spot of the abdomen first becomes painful and so sensitive, that the



least contact or the least motion will cause the child to distort its features. On the day following the painful spot increases in size, the abdomen feels hot, the umbilical region is distended, skin and tongue are dry, the latter being moreover of a bright-red color, or lined with a slimy or thick whitish coating. The fever is characterized by dry heat, intense thirst, a small hurried, rather hard pulse; the sleep is restless and interrupted by frequent starting. The face exhibits a characteristic expression of pain around the mouth and wings of the nose, and looks contracted, oldish and melancholy, the corners of the mouth being drawn outward. This condition of the facial muscles induces a deep wrinkle on the outer borders of the orbicularis oris, and another wrinkle extending from the lower lip to the chin. There are other wrinkles near the root of the nose and on the forehead; in the higher grades of the disease the upper eyelids are depressed, covering the upper half of the eyeballs.

*Meissner* distinguishes the following three varieties of enteritis infantum, which generally proceeds from a single tissue, the mucous membrane, and gradually invades the remaining constituents of the intestines :

a.) *Enteritis-mucosa* ; (*Inflammation of the Mucous-membrane of the Intestines.*) This form of enteritis is more difficult to diagnose than any other. In the first place the disease may only be confined to a small spot, or it may exist in several disconnected parts of the bowels, and in either case escape detection ; or the form of the disease may be so variable that it may be impossible, with our present means of diagnosis, to draw a perfectly true and reliable picture of this variety of inflammation. The books distinguish an erythematous and follicular inflammation of the mucous membrane.

These distinctions are indeed founded in the anatomy of the parts, but they are of no practical value to a homœopathic therapist. The Old-School treatment,



proceeding from a faulty diagnosis, frequently leads to fatal consequences. Most cases of diarrhœa dentalis belong to this variety of inflammations; a good many cases of remittent fever and tabes meseraica likewise depend upon enteritis.

The disease is either acute or chronic. Generally children are attacked with frequent discharges from the bowels, which remain unnoticed for a time and are not accompanied by fever. They have from three to four and even more passages in twenty-four hours. These passages are preceded by restlessness, an expression of pain in the features, sudden crying out as from pain, even convulsions, and they are accompanied by moaning and crying. Sometimes the stools are quite liquid and spirt out with great force. The evacuations consist mostly of a reddish-brown mucus, which is mixed with bloody, flocculent or purulent substances; or of a green mass, which looks as if it had been stirred; or of a dark watery liquid resembling meconium. In other cases the food passes off undigested. The anus becomes red and sore, and tenesmus is apt to supervene. At times diarrhœa and constipation alternate.

After the diarrhœa has lasted for a time, but sometimes from the commencement of the disease, fever sets in with burning heat, frequent pulse, bright-red tongue, especially at the tip, lined with fur and afterwards becoming dry and crusty; these symptoms are accompanied by vomiting and an unquenchable thirst; the abdomen becomes distended, tympanitic, sensitive to pressure and feels uncommonly hot to the hand. The child's strength fails very rapidly, and it grows thin in an uncommonly short period of time. The symptoms of enteritis are sometimes obscured by the symptoms of a sympathetic irritation of the brain and bronchial passages. We frequently see headache, delirium, coma, and other symptoms of acute hydrocephalus, or else hurried respiration, cough, and on making a post-mortem exami-

nation, we are astonished to find that the seat of the disease is somewhere else than where these apparent symptoms had made us believe it was. The disease is frequently fatal; in new-born children it runs a very rapid course, but also in older children the prognosis is very doubtful. (*Canstatt.*)

b.) *Enteritis-serosa or Perienteritis*; (*Inflammation of the peritoneal covering of the Intestines.*) This variety of the enteritis is much more acute than the former, but rarely occurs before the fifth or sixth year. Fleishy, robust children are particularly liable to it. Its characteristic symptoms are: constipation, intense fever, and pain, which is excited by the least contact or motion, on which account children prefer to lie on their backs. The pulse is rather hard, the abdomen distended and hot, and children crave ice-water. The features are expressive of pain, but the consciousness seems to remain intact. The pain generally subsides for a while after a bloody passage, but then sets in again with so much violence that it extorts cries from the children; the tongue is dark-red, or is dotted on the borders at least, with a number of small red points. (*Meissner.*) This variety of enteritis generally involves the peritoneum, and the phenomena, course and treatment of this inflammation are the same as those of peritonitis to which the reader is therefore referred.

c.) *Enteritis Follicularis*; (*Inflammation of the Follicles.*) Although some might suppose that an inflammation of the follicles occurs exclusively in typhus, yet we know positively that it will likewise occur in catarrhal inflammations, in exanthematic diseases (such as scarlatina, measles,) in cholera, tuberculosis, &c. The characteristic difference existing between the inflamed follicles of the ileum, and those of the rectum, consists in this: that the former are raised above the mucous coat, and the latter seem to be depressed below its level. According to *Meissner*, this form of enteritis does not break

out suddenly, but is preceded by more or less distinct precursory symptoms, such as malaise, loss of appetite, aversion to the usual nourishment, restlessness or anguish, fever, thirst, violent headache, and diarrhœa. The headache, which frequently exists at the commencement of the disease, leads one to confound it with meningitis, although this inflammation does frequently supervene in the course of the disease. During the whole course of the disease the patient is remarkably prostrate, the face is sunken, the region of the malar bones flushed, the patients answer very slowly, as though they did not comprehend the question; the senses are likewise very dull, and the headache of which older children complain, is either a sort of vertigo or dulness. As the disease progresses, the eyes retreat into their sockets, the nose becomes pointed, the nostrils and lips black and dry, the pulse is generally small and contracted, the tongue dry, with a red tip and red edges, sometimes moist and dirty, or lined with a white and cheesy coating. The breath has a foetid smell; the scanty and more or less dark-colored urine deposits a thick sediment. On palpating the abdomen, we discover the principal pain in the region of the cœcum and colon ascendens. These symptoms are sometimes accompanied by diarrhœa, at others by meteorism or by a sort of rumbling, which is considered by many as an unfavorable symptom. If the inflammation should lead to constipation or ileus, the child vomits up fæcal matter. When gangrene sets in, the colic suddenly abates, the evacuations assume a foetid smell, the face caves in, the temperature of the body sinks, the pulse becomes collapsed, and death ensues amidst coma or convulsions.

The symptoms of a chronic gastroenteritis are sometimes so obscure that it is difficult to say how long it may have existed; it is almost always accompanied by a chronic inflammation of the meseraic glands.

*Causes.*—According to *Billard*, an enteritis infantum

may even take place in the fœtus. In some new-born infants, who died a few days after birth in a state of debility and marasmus, the post-mortem examination showed distinct traces of mucous enteritis. It is sometimes impossible to discover the true cause of the disease, but we know that it most frequently occurs during the period of dentition, and after weaning the infant. It is frequently, and according to *Barrier*, (see his *Traité Prat. des Maladies de l'Enfance*,) always connected with the formation of aphthæ; or it occurs in connection with some acute exanthematic disease, with pneumonia, &c. In some cases it is caused by the use of purgatives or drastics, calomel, &c. Its most frequent cause is a cold.

If the disease should invade the mesentery, which it is apt to do in scrofulous children, mesenteritis develops itself. This disease is recognized by the following symptoms. The children become indolent and cross; they reject all food, although their digestion is not disturbed; the tongue looks clean, but is of dark-red color; if the disease last a while, the abdomen sinks in, so that the false ribs and the crests of the ilium are raised above it. The abdomen is not very painful to the touch, but motion seems to cause pain, for the little patients dread being moved, and remain on that account on their backs. The pulse is small and frequent, especially at night, when a burning heat, especially of the abdomen, palms of the hands and soles of the feet, with fever exacerbations invade the little patient, who speedily grows thin and atrophied.

*Prognosis.*—The disease would perhaps be less fatal than it is, if it were attended to in time. The younger the patient the greater the danger. The enteritis mucosa is probably less dangerous than the other two varieties of enteritis, inasmuch as it is more inclined to terminate critically by copious secretions.

*Treatment.*—The insidious manner in which the disease first sets in and develops itself, should be a warning

to all physicians not to slight a diarrhœa of children, after it has lasted four or five days. A carefully regulated diet is one of the first conditions of recovery. If the infant should have been just weaned, it is advisable to put it again to the breast, in older children the diet should be restricted to a little finely-ground cracker, boiled in milk and water, or a little thin farina, arrow-root, &c., to be given in small quantities every two or three hours. As regards the selection of suitable remedies, they are the same as those that have been advised for diarrhœa and peritonitis, to which the reader is referred. A few more medicines will be mentioned below.

An excellent remedy in enteritis mucosa is undoubtedly *Borax* 12th to 30th. Borax has a specific effect upon the mucous membrane of the intestinal canal, of which its power of producing aphthæ, and consequently, an inflammatory irritation of the mucous lining, is an unmistakable sign. Characteristic indications for the use of Borax are the papescent stools, which occur at repeated periods of the day, contain a little yellowish water, and are preceded by rumbling pain, and accompanied by pressing and urging, so that the stool is frequently expelled quite suddenly; a contraction and twisting around the navel are frequently perceptible to the eye; the child's head and the inner mouth are hot, and the tongue dry, with red and raised papillæ. These symptoms sometimes continue for days, without any particular aggravation of the disease; but gradually we discover in the features of the child the characteristic expression of pain, the child refuses all nourishment, partly perhaps because diarrhœa sets in every time the child eats something; it becomes languid, thin, the skin looks old and wrinkled, and the child moans and cries out during sleep.

Next to Borax, *Acidum-sulphuricum*, 6th or 12th attenuation, deserves to be mentioned. This medicine is possessed of curative virtues in diseases of the mucous



membranes, especially in chronic diarrhœa, which is growing worse, and the passages look as if they had been stirred, of a saffron-color or a slimy-clayey consistence, with loud rumbling during stool, particularly around the navel; milk increases the flatulence and is apt to cause a desire to vomit. The fever is scarcely ever very great, and the pulse not much altered; the child inclines to cry all the time, and the face grows paler and paler.

*Mezereum* 30th, might be indicated by distention of the epigastrium, with oppressive anxiety, which is especially violent in the night, and obliges the patients to lie on their backs; the respiration is short and oppressed and the pulse rapid. Sometimes the pain is alleviated by the emission of flatulence; at other times the patient complains of colicky pains, which are followed by a slimy evacuation attended with violent tenesmus. If these ailments be not speedily arrested, a violent, inflammatory fever is apt to supervene, with dulness of the head and pale face.

I have used *Lachesis* 30th, with advantage when the child had not been disposed for its customary occupations for some days previous; when it wept and cried out a good deal, was attacked with heat and eructations, vomited up the milk, changed about, the face had a peculiar expression of pain, and was sunken; the appetite disappeared, the abdomen became distended and parts of it painful; the stools which had been regular heretofore, became papescent and gradually changed to an exhausting mucous diarrhœa, which occasionally looked like stirred eggs. Fever now supervened, the head and feet hot, heat alternated with shuddering; the child moaned, kicked off the cover, became oppressed for breath, seldom answered any questions, and was unable to fall asleep in the evening on account of great wakefulness; the sleep was interrupted by starting. It is my belief that if we were better acquainted with the powers of *Lachesis*, we should find that it can be used in many desperate cases of this disease.



In some cases the disease will assume a chronic form, which may be either owing to the character of the disease or to mismanagement. In such a case the physician should give *Sulphur* and *Lycopodium*, the former when the exhausting diarrhœa continues in spite of all treatment, and the latter when the bowels incline to be costive and the evacuations are accompanied by urging and pressing, but are generally papescent and come off in pieces. I confess, however, that I have used either of these medicines in many cases without exactly knowing why, more in accordance with some innate tact than a scientific rule.

The therapeutic virtues of *Pulsatilla*, *Mercurius*, *Nuxvomica*, *Arsenic* and other remedies in this disease, have been explained in previous paragraphs of this work.

### 5.) *Dysentery.*

This disease occurs quite frequently among infants, especially during the period of dentition. Without losing my time in narrating the various opinions of authors about the infectious character of this disease, I will at once proceed to describe the symptoms and course of the disease, and afterwards communicate the results of my experience respecting the most appropriate homœopathic treatment to be pursued in the various stages of dysentery.

*Symptoms:* The disease is very frequently ushered in by precursory symptoms, but in very acute cases it breaks out at once in all its fury. The precursory symptoms of dysentery are those which are common to all epidemic diseases previous to the development of the local affection: lassitude, pains in the limbs with headache, loss of appetite, chills, heat alternating with sweat, nausea, vomiting. Gradually the first symptoms of the disease develop themselves in the umbilical region in the shape of colicky pains which spread towards the anus,

are accompanied with borborygmi, and excite in the anus the sensation as if a foreign body would continually protrude; the stool is irregular, at times diarrhœic, sometimes even for days, at others the bowels are costive. This precursory stage lasts from one to eight days; sometimes it consists of a mere attack of fever.

*Character and course of the disease.*—Colicky pains in the region of the colon, ascending from the region of the cœcum to the right hypochondriac region, across the abdomen towards the left hypochondrium, downwards towards the sigmoid flexure, and finally the rectum, terminating in urging to stool, tenesmus and an actual evacuation from the bowels. In most cases an evacuation is preceded by colicky pains, or they are most violent shortly previous to an evacuation. The tenesmus continues during and after the evacuation and consists in an extremely painful sensation of constriction of the anus. The evacuations sometimes take place every few minutes, they are very scanty, and consist of mucus, liquid or coagulated blood, membranous patches and a little fæcal matter. The abdomen is frequently sensitive to the touch.

These symptoms are accompanied by fever, thirst, hot and dry skin, hurried pulse, diminished secretion of urine, restlessness, sleeplessness, general prostration and feeling of illness. The disease terminates in recovery after the lapse of eight or ten days, or else it progresses towards peritonitis, typhoid fever, and various other dangerous conditions, and frequently terminates fatally.

The abdominal pains are varied, from the slightest colic to the most acute inflammatory pains. Sometimes it is a mere griping or cutting, occurring at intervals, the abdomen being perfectly painless with or without pressure during the remissions. In some cases the colicky pains are very violent, extorting moans and piteous cries, and remaining even after the evacuation; a similar remark is applicable to the existing tenesmus. As long

as the pains are of a merely colicky nature, it is supposed that the mucous membrane is the seat of the disease; but if the pains should become fixed and persistent, or if there should be periodical exacerbations, or the pains should continue even during the remissions with unabated violence, in such a case the inflammation is much more intense, more circumscribed, with distension, hardness, heat of the abdomen, meteorism; the abdomen is sensitive to pressure, and the pain is increased by the least change of position, on which account the patient remains always in the same position. When the pains have become so acute and permanent, it is fair to suppose that the inflammation has extended to the submucous tissue, the fibrous coat and even the peritoneum. There occur cases in epidemic dysentery, of an adynamic character, where no pain is felt, but the inflammatory and suppurating process exists nevertheless. If in a case of dysentery which set in suddenly with intense pain and all the symptoms of a most acute inflammation, the pains should suddenly disappear, the strength of the patient fail, collapse set in, and the fæces have a cadaverous smell and be discharged involuntarily, we may conclude that paralysis of the abdominal organs and gangrene have set in.

The painful constriction of the anus—termed *tenesmus*—generally follows after a sensation of heat, burning, acridity felt during the passage of the evacuations. If the inflammation of the rectum should be very acute, the tenesmus generally continues uninterruptedly, and the inflamed rectum protrudes. The patient complains of a burning pain along the sacrum, which frequently causes fainting fits, convulsions, trembling of the limbs; or else he complains of constant urging to stool after the evacuation; or else the evacuations are entirely wanting, in spite of the violent tenesmus. The tenesmus frequently continues after the patient is recovering; in such a case it depends upon ulcers in the rectum, and will not cease

until the ulcers are healed. If the bowels, and consequently the rectum, should be paralyzed, the tenesmus ceases, the anus remains wide open, and the evacuations take place involuntarily. This weakness may continue even long after the cessation of the disease.

The character of the stools varies a good deal. At the commencement of the disease the patient still passes faecal matter, the slimy diarrhœa denotes a catarrhal irritation of the mucous lining; a suppression of stool in the first stage of the disease must be owing to a torpid condition of the mucous membranes and a deficiency of the mucous secretions. The stools frequently occur from the least motion in bed, or from talking, drinking, &c.; in proportion as the frequency of the stools abates, the disease is supposed to grow less; when night approaches, the stools sometimes increase in frequency. In proportion as the stools increase in number, the secretion of sweat, urine and the expectoration decrease.

The stools are liquid, consisting of mucus, blood, patches of epithelium, pus, croupous membranes, flocks, fæces, undigested food; at times they are white, when mucus or pus are the principal constituents; or bright- or dark-red, yellow, green, generally of various colors, or having the color of a foul mass, black; or they look like serum or scrapings from the inner coat of the intestines; they generally spread a peculiar, and sometimes a cadaverous, gangrenous odor. The mucus which is passed, is sometimes homogeneous, at other times gelatinous, or resembling the spawn of frogs, or small lumps of fat; in some cases the patients discharge white, or reddish-white, brown-yellow little lumps, which were formerly mistaken for glands or intestinal scrapings. The quantity of blood which is discharged, is sometimes quite considerable, especially at the commencement of inflammatory dysentery; the fæces are either streaked with blood, or intimately mixed with it, the latter especially when the blood is discharged high up. It is either liquid or coagu-

lated. The flocks and patches which are contained in the evacuations, are pieces of the epithelium of the intestinal mucous membrane, and, after a time, sink to the bottom of the vessel. If the excrements should be very acrid, the anus, scrotum, &c. are corroded, and these parts may even become gangrenous. Children sometimes pass a quantity of worms, especially lumbrici. A bilious color of the stools, admixture of fæcal matter, a papescent consistence of the stools or a return to their regular form, prognosticate recovery.

Dysentery is sometimes accompanied by the following reflex-symptoms: spasms of the bladder, strangury, ischury, spasms of the scrotum, convulsions, cramp in the calves, and even paralysis of the lower extremities; nausea, vomiting of a slimy, bilious matter or blood may likewise supervene, and the voice may be changed to a low whisper, as in cholera.

The accompanying *fever*, to judge by the pulse and the temperature of the skin, is frequently very trifling; the pulse is not very rapid, the skin even cold, dead, cyanotic as in cholera, to which disease dysentery is closely related by the cramps in the calves, the rapid collapse and emaciation. The sensation of violent internal heat frequently contracts very strikingly with the external coldness. A return of violent chills during the disease, is a bad symptom. The thirst is generally intense; but the pulse is no safe criterion for the intensity of the disease. The scanty urine sometimes has a cloudy appearance. The little patients are very restless, have no sleep, and the setting in of sleep is therefore a favorable symptom. (*Canstatt*).

According as the inflammation is more or less intense, the disease has been given various names, such as *cattarrhal* dysentery (moderate fever, with remissions and exacerbations, the cutaneous and urinary secretions are not entirely suppressed, the local inflammation moderate); *synochal* or *inflammatory dysentery* (violent



chills followed by intense heat, pulse full and frequent or suppressed and spasmodically-contracted, all the other symptoms very marked and prominent); *adynamic, putrid, paralytic dysentery* (torpid fever, pulse small and feeble, the skin sometimes burning, at others cold, especially on the extremities, altered features, &c.) *Gastric, bilious, mucous, rheumatic, typhoid* dysentery, are subdivisions of the above-mentioned varieties. From all the preceding remarks concerning dysentery, the reader may draw his own conclusions relative to the course and terminations of the disease, recovery, formation of ulcers, chronic dysentery, strictures or contractions of the colon, progression of the inflammation towards enteritis, peritonitis, hepatitis, intussusceptions of the bowels, death.

*Causes:* It is seldom a sporadic disease; generally it is endemic and epidemic. Predisposing circumstances are: cachexia, voluntary retention of the excrements, accumulation of morbid secretions in the primæ viæ, previously-existing and frequently-recurring abdominal affections. The disease may be excited by a cold, exposure to wet, unripe and sour fruit, vitiated vegetables at the period of epidemic dysentery, watery fruit such as melons, oranges, cucumbers. Ripe fruit, if eaten moderately, is not injurious, even during epidemic dysentery.

In regard to *prognosis*, the physician should never make any rash promises, even in mild cases which are sometimes more dangerous than other acute miasmatic diseases. Typhoid and putrid dysentery is more doubtful than the gastric and bilious variety. The nearer the patient resides to the locality where the dysentery first broke out, the greater the danger. Children have less chance than full-grown persons, and if the attack had been excited by one of the above-named causes, the danger is so much greater. Favorable symptoms are: diminished frequency of the stools, admixture of bile and fæces, diminution of the colic, of the tenesmus and fever; emission of flatulence, warm sweat, more copious secre-



tion of urine, sleep; bilious vomiting, pustulous eruptions, abscesses in the cellular tissue of the extremities are likewise favorable symptoms. Prostration, increase of the colicky pains and increased frequency of the stools, distention of the bowels, violent tenesmus, black, serous, decomposed stools, violent restlessness, singultus, cold skin and tongue, black and dry tongue, delirium, small, irregular pulse, cramps and paralysis of the anus and lower extremities, hippocratic countenance, ecchymoses, gangrenous aphthæ, rash, sudden cessation of the colic, aphonia, all these phenomena prognosticate a bad termination of the disease.

*Treatment.*—I am obliged to confess that the treatment of dysentery has taught me many a useful, though severe lesson, and has shown me the unsoundness of the medical aphorism: diarrhœa can get well without medicine, dysentery never. Agreeably to this doctrine I was in the habit, like most other physicians, of pouring quantities of medicine into my patient and of prescribing the strictest diet, and yet I had the mortification to see the poor neighbor's child get well without medicine and even eating a few ripe plums, while my own patient was still lingering in the sick room. Now I do not mean to say that such a course should be imitated in every case, but what I mean to suggest is this, that we ought not to dose our patients but allow every dose of medicine a fair time to develop its curative effects.

It cannot be said that there exists a specific remedy for dysentery, but every new epidemy has to be treated in accordance with its individual character. Post-mortem examinations have, however, demonstrated the fact that, even in the lowest grades of this disease, the prominent portions of the folds in the mucous membrane are inflamed and swollen, the sub-mucous cellular tissue is infiltrated, and, in the region of the local inflammation it is soft, red, and readily bleeding. These pathological appearances and the dynamic character of the disease point to *Aco-*

nite in an unmistakable manner. Nevertheless it should not be given agreeably to vague theories, but in accordance with positive symptoms. The general indications for Aconite are: increased frequency of the stools in the evening-hours, violent colic with great nervousness, neuralgic or rheumatic pains frequently in the whole body, causing a desire to lie down, and an aversion to motion even when the disease first shows itself, sleeplessness, or else a restless, anxious sleep, extreme peevishness, sensitiveness. Special indications are: dryness of the inner mouth, with frequent desire to drink, loss of appetite, aversion to food, rumbling, fermentations and colicky pains in the bowels, frequent small, watery or slimy stools with tenesmus of the anus, scanty urine. All these symptoms characterize a mild attack of dysentery, with slight fever. Aconite is the best remedy not only at this stage of the disease, but also at a later period when the disease is more fully developed and has acquired a distinct *erethic* or *catarrhal* form. In *inflammatory dysentery*, with high fever, intense colic with remissions, painfulness of the abdomen and sensitiveness to pressure, Aconite is likewise the sovereign remedy. It may likewise be profitably exhibited when a typhoid state is developing itself, the abdominal pains are deep-seated and betray extensive ulcerations in the intestines, when the patient is tormented by nervousness and anxiety, the face is flushed, the extremities cold, the evacuations are of a bad-looking, black color, and have a cadaverous smell. I have used the 12th attenuation, in acute cases every hour, in milder cases every two or even every three or four hours.

## NOTE BY DR. HEMPEL.

In this disease Aconite is undoubtedly the first and most useful remedy, but we must not fear to exhibit the tincture, if necessary. It is my belief, based upon careful and conscientious observation, that in the treatment

of dysentery, the tincture of Aconite is, in many cases, absolutely necessary to a cure. I have in more than one case been called upon to prescribe for patients who had been treated with the higher attenuations of Aconite, and where, under the use of these attenuations, the inflammation had gradually developed a typhoid state, characterized by torpor, dangerous disorganizations of the intestinal mucous membrane, incipient paralysis and a variety of nervous symptoms; and where the tincture of Aconite would bring about a speedy reaction, a better pulse, a moist skin, and save the patient's life.

Hahnemann says of the *Mercurius-sublimatus* that he has found a small portion of a drop of the 15th attenuation almost a specific remedy for fall-dysentery. But also other mercurial preparations, and especially *Mercurius-solubilis*, are excellent remedies in this class of dysenteries, especially in districts where there is fever and ague, provided, however, the ruling type of disease do not counter-indicate the mercury. I will give the principal indications for Mercury, leaving the physician to determine whether he shall use *Mercurius-vivus*, *solubilis*, *sublimatus* or calomel: Continual restlessness, with constant desire to change the position of the whole or part of the body, probably owing somewhat to a pain as if bruised; increase of the colic and evacuations in the evening and at night, with increased restlessness, starting in the limbs and disturbed sleep; extreme prostration in most cases, with fainting, convulsions, trembling of the limbs; chilliness and shuddering, with cold sweat on the forehead, especially at night. Special indications are: loss of appetite with white-coated tongue, and profuse secretion of mucus in the mouth; violent tenesmus before and especially after stool, with discharge of pure blood or a bloody green mucus, and frightful cries.\* *Mercurius* is a good remedy, whether the attack be caused

---

\* A very characteristic indication for *Mercurius* is a constant and urging desire to urinate.—*Hempel*.

by teething, or by sudden change of temperature from a hot summer's day to a cool night; it may be given at the commencement as well as the acme of the disease, when the inflammatory symptoms are very prominent. In typhoid, putrid, paralytic dysentery I have never seen any good effects from Mercury, in some cases it seemed to do even harm. Its specific sphere of action is in gastric, bilious, slimy, rheumatic dysentery. My favorite attenuation of Mercurius is the 6th; Mercurius-sublimatus I never give below the 12th, and in dysentery or diarrhœa dentalis I am very partial to Calomel.

*Colocynthis* 12th, seems to suit more particularly the various conditions, which bring about an attack of dysentery in children, and especially the irritability and sensitiveness of the intestinal canal. It is particularly indicated by periodical paroxysms of colicky pains, general restlessness, watery and slimy, bilious, bloody evacuations, with violent contractions of the rectum, or even with paralysis of the sphincter, causing the anus to remain wide open, and inducing an involuntary discharge of the contents of the rectum. *Colocynth* being an admirable remedy for flatulent colic, it will prove particularly serviceable in dysentery when the bowels are distended. It may be exhibited in all the forms of dysentery for which Mercurius is indicated.

*Colchicum-autumnale* 6th, cures dysentery with discharge of white mucus and tencsmus. It might likewise be useful in bilious dysentery, with vomiting of yellowish, bilious mucus, or vomiting of the ingesta, attended with violent colic. The *Colchicum-fever* has the character of a catarrhal or erethic fever.

*Pulsatilla*, *Chamomilla*, *Ipecac.*, *Bryonia*, *Sulphur*, may be useful in dysentery, but only after the previous exhibition of Aconite, if the symptoms required this agent. For the particular indications of each of these remedies, I refer the reader to the chapters treating of gastric derangements. *Bryonia* is probably most use-

ful in dysentery caused by cold drinks; *Ipecac.* and *Pulsatilla*, when the prevailing type is a compound of gastric derangement and intermittent fever, and when the phenomena of dysentery are characterized by more or less regular intermissions. In this case *Nux-vomica* and *China*, are likewise indicated, the former, *Nux*, more particularly when the chills and flashes of heat are reciprocally mingled, and almost always accompanied by a violent thirst for beer, not water, whereas in the apyrexia the patient has no such preference; the stools, which are accompanied by a violent cutting colic in the umbilical region and by tenesmus, rarely contain fæcal matter, but almost always a bloody mucus; it is more particularly adapted to fleshy, plethoric children. *Sulphur* is a suitable remedy in many forms of dysentery; but I have never given it except after having used every other remedy without success, and for the purpose of exciting the reactive powers of the organism; some prominent indications for Sulphur, are a constant nightly tenesmus and a frequent urging to stool.

*Arsenic*, *Rhus-t.*, *Carbo-veg.*, *China*, *Nux vom.*, are useful in the later stages of the disease, and when it threatens to assume a malignant form. Notwithstanding, it is an easy thing to cure dysentery of children, it may readily run into a typhoid or putrid form, and assume a very dangerous appearance. When this takes place, *Aconite* will sometimes effect a strikingly favorable change, and prepare the way for some other specific remedy. The disorganizing process going on in the mucous and submucous coats of the intestines, the softening and ulceration of the follicles, the falling off of gangrenous patches, are accompanied by such a violent fever and restlessness that a dose of *Aconite* is required to quiet the patient, and may be repeated until the fever is subdued. If the typhoid symptoms should then still continue and be characterized by delirium, debility, a dry and blackish tongue, dry and black lips, hot and



red cheeks, grasping at flocks, hurried, small pulse, sopor, increased frequency of the stools at night, which pass off without consciousness, almost complete abatement of the colic, suppression of the urinary secretions, *Rhus-tox.* 12th, may be exhibited.

If the condition of the patient should be characterized by excessive prostration, especially during and after a foul-smelling evacuation, and frequently increasing to a fainting fit; dry, burning heat with perceptible anxiety, petechiæ, miliaria alba, unquenchable thirst, apathy, quick, feeble, intermittent pulse, *Arsenic* 30th, is indicated, and will almost always effect a favorable change. *Arsenic* and *Rhus* may be repeated, but at longer intervals than *Aconite*, and if an improvement should become manifest, which is generally the case very speedily in acute diseases, it is well to allow it time to develop itself, and not to repeat the medicine or give another remedy until the improvement ceases. In many respects it might be better, instead of repeating the *Arsenic*, to give some analogous medicine, such as *Carbo-veget.* 30th, especially if the stools continue putrid, and the typhoid symptoms, sopor with cold sweat in the face and on the extremities, small pulse and hippocratic countenance should still exist; in his lucid moments the patient complains of pain in the abdomen, and desires cooling drinks on account of his internal heat; the breath is cold and the dry tongue exhibits a yellowish-white coating. *China* might have to wind up the cure, and remove the foul smell of the evacuations, debility, loss of appetite, bitter taste in the mouth. These are all the principal remedies for dysentery, but other remedies may have to be used beside the above, and many more may be discovered in future.

#### 6.) *Hepatitis*; (*Inflammation of the Liver.*)

Many authors imagine that hepatitis is a very rare disease among children; according to *Meissner*, on the con-



trary, it occurs more frequently than other inflammations, for this reason, that the liver plays an important part in the infantile organism, and is frequently involved in the inflammatory condition of the abdominal viscera. The frequency of functional derangements of the liver may be inferred from the discolored, white, gray, greenish passages, which occur every time the children ail, especially when the abdominal functions are out of order. It being my belief that inflammations of the liver are quite frequent among children, I will here give *Meissner's* description of this disease.

According to *Meissner*, hepatitis is characterized by loss of appetite, eructations, retching, vomiting after eating, dirty coating of the tongue, flatulence, costiveness or diarrhoea, with altered color of the passages, which are of a white-gray, or of a light-yellow or grass-green color, have an offensive smell; in some cases the food passes off undigested, and in other cases the bowels are bound. Other symptoms are: languor, depression of spirits, or else a head-strong and peevish mood; the inner hands feel hot and burning, the fever exacerbates in the evening, with small, frequent, contracted pulse, restless sleep and increased thirst; little sweat and dark urine. The region of the liver is somewhat bloated, very hot and the whole sub-costal region very painful; these last symptoms may be overlooked, except when the inflammation is very acute. On percussing the region of the liver, we discover dulness of sound over a large area. The pain frequently extends to the right shoulder, on which account the children complain of pain when they are taken up or turned; the patient is unable to lie on the right side; the right cheek is sometimes flushed, the respiration impeded and anxious.

Gastric fevers sometimes pass imperceptibly into chronic hepatitis, recognizable by an increased secretion of bile, yellowish, dingy, livid color of the skin, and sensitiveness of the region of the liver.

Hepatitis develops more frequently than many other diseases a state of debility, and the child's life is soon in danger. Among the collateral symptoms we distinguish cough and vomiting, the former with dyspnœa and pleuritic stitches, if the convex portion of the liver should be more affected; the diarrhœa being complicated with other gastric and bilious symptoms, if the concave portion should be the principal seat of the disease. In case of a fatal termination, the strength of the patient fails rapidly, the pulse becomes frequent, intermittent, and tremulous; spasms, convulsions, or even trismus set in, or else the child dies gently as in atrophy. In case of recovery, we have critical cutaneous secretions, copious discharge of a thick, cloudy urine, or critical, bilious diarrhœic stools, with abatement of all the symptoms.

All these symptoms might lead us to diagnose some other affection of the liver or of some adjoining organ, and the diagnosis is moreover rendered difficult by the fact that the liver is scarcely ever wholly inflamed, and that the symptoms vary considerably according as the convex or concave portion, the right or left lobe of the liver, &c. is inflamed.

The younger the child, the longer the liver. Post-mortem examinations have moreover shown, that in children who die with hepatitis, the liver is bloated, hepatized or partially and totally indurated; at times we find it engorged with blood, and at others softened. On the surface we sometimes observe ecchymoses, and at others a bright redness. In many cases adjoining organs are found to be affected. In new-born infants hepatitis generally is caused by inflammation of the umbilical vein, and terminates in suppuration.

*Causes.*—Teething and weaning are believed to have some connection with hepatitis. It occurs most frequently in hot summers, which would lead one to believe that then it is an epidemic disease. Colds are likewise frequent causes of hepatitis; it is likewise said to come from worms, and may be occasioned by bandages, pressing

on the region of the liver, by rough handling of the umbilical cord, and by contusions of the hepatic region.

The *prognosis* depends upon the extent and grade of the inflammation, upon the constitution of the patient, complications and terminations. An inflammation of the parenchyma or concave portion of the liver is more dangerous, than an inflammation of the convex portion. Complications with dyscrasia, fever and ague, dysentery, bowel affections are unfavorable; terminations in abscess and other disorganizations are likewise dangerous. Unfavorable symptoms are: anguish in the præcordial region, obstinate vomiting of a grass-green matter, frequent, small, irregular pulse, delirium. Singultus is supposed to be less dangerous in this disease than in others.

*Treatment.*—The hepatitis of children requires to be treated somewhat differently from that of full-grown persons, which is generally more acute, and has a variety of causes. According to the symptoms, we may have to use the following remedies in preference to others:

*Chamomilla* 6th to 12th, for green or light yellow stools, or stools which look like stirred eggs, flatulence, white-coated tongue, anxiety, fulness and distention of the region of the liver, increased temperature in this region, febrile motions with evening exacerbations. There cannot be any doubt that *Chamomilla* has cured a number of acute cases of hepatitis, and that other homœopathic remedies have cured other acute affections, without the physician having been aware that the disease was really an acute and dangerous malady. Our remedies strike at once at the disease and neutralize it, and this is the reason why alloëopathic physicians pretend that we only treat light cases, and that all serious cases are left for them.

In parenchymatous hepatitis, with acute fever, it is absolutely necessary to give repeated doses of *Aconite*, until the pain seems less, and the sighing, respiration,

the tossing about and the anguish have abated or disappeared. Afterwards *Mercurius*, *Pulsatilla*, *Belladonna*, *Nux-vom.*, *Bryonia*, *Sulphur*, or some other remedy may be indicated. *Belladonna*, highest attenuation, is probably the best remedy next to Aconite, if the fever should continue high, the pain in the shoulder on raising or turning the child should still be the same, and the agonizing tossing about and sleeplessness should denote an invasion of the sentient sphere. *Mercurius-solubilis* 12th, deserves a preference, when the stools are of a white-gray, dark-green or bilious color, the skin and eyes have a bilious tint, and the patient has frequent chills. Sometimes *Belladonna* and *Mercurius* seem to be indicated together; in such a case *Belladonna* should be given first, and in four or six hours *Mercurius*, and so on alternately.

All these medicines will likewise do for milder cases, to which we may add *Pulsatilla* 12th to 30th. This remedy seems to suit children with a childlike, mild and gentle disposition, pale face, blond hair and blue eyes, and may effect a cure if the inflammation should have developed itself out of a gastric derangement, caused by eating something which did not agree with the child. It is particularly indicated by a peevish, obstinate mood, languor and depression of spirits, tenacious and yellowish coating of the tongue, bad taste, loss of appetite, greenish, slimy, diarrhœic stools, tension and sensitiveness of the epigastric region, with frequent paroxysms of anguish at night, chills in the day-time.

If diarrhœic stools should alternate with constipation, flushes of heat with chills, if the chills should be induced by every motion of the body, and the pains should then be worse, attended with anxious and oppressed breathing: *Bryonia* 18th to 30th attenuation will have to be given. If, however, constipation should be the prevailing symptom, with jaundiced color of the skin, vomiting of bilious

matter, excessive sensitiveness of the region of the liver to contact, *Nux-vomica* deserves a preference.

*Sulphur* has not proved very efficacious in my hands, except in cases where the other medicines only effected a partial improvement, after which the disease seemed to remain stationary, or where the above-mentioned remedies had no effect whatever; in such cases a dose of Sulphur seemed to act like a charm, and frequently was all that was required for a cure. There may occur cases where the physician may have to select among the following remedies: *China*, *Digitalis*, *Calcarea*, *Lachesis*, perhaps also *Lycopodium* and *Natrum-muriaticum*. For further information, the reader is referred to my treatise on acute and chronic diseases.

#### NOTE BY DR. HEMPEL.

Among the remedies for acute hepatitis *Arsenicum* should not be forgotten. Its chief indications are: deep-seated, agonizing pain at one spot in the region of the liver, the patient is unable to lie down, has to be in a sitting posture, bent double, and the limbs are in constant motion; constant moaning and sobbing, hurried pulse and respiration, nausea or vomiting, agony, sallow complexion, expression of anguish in the features, burning heat of the skin, thick, slimy, brownish or blackish coating of the tongue, constipation or else discharges of black, foetid matter, intense thirst, parched lips; or the pain in the region of the liver may be less violent, with cramps in the upper extremities, agonizing anguish, cold sweat after the cramp, thirst, sallow complexion, headache, the patient complains of seeing frightful things or vermin, has dreadful forebodings, &c. Arsenic is particularly suitable when the inflammation has a typhoid form.



## C. INFLAMMATION OF THE THROAT.

7. *Angina-faucium, Angina-tonsillaris, Cynanche, (Sore Throat.)*

This disease is in all respects similar in children and full-grown persons, and the treatment is alike. In order to be certain whether it is angina faucium and tonsillaris, which it is somewhat difficult to ascertain in children who are unwilling to open their mouths, the best plan is to insert the little finger into the child's mouth and depress the root of the tongue; this makes them gag and open their mouths, and the pharynx can be inspected at such a time. When the tonsils are very much swollen, it is difficult to get one's finger between the jaws.

This disease sometimes assumes a dangerous form in children. At first the disease looks like a catarrh; chills, heat, restlessness, a dry and hot mouth, and loud, wheezing breathing. Infants let go of the nipple, scream, but drink milk out of a tumbler, thereby showing that drinking is less troublesome for them than nursing. At this stage the fauces exhibit but a slight redness, but the tongue is coated, and retching and vomiting are frequently present. At a later period the voice becomes husky, and a slightly-rattling sound is heard in the nose. At this period suppuration sets in, a hectic fever develops itself, and the disease terminates in consumption and death. If the tonsils be not swollen, the face is generally bloated, and the lateral motions of the head are impeded by the swelling and inflammation of the sub-maxillary and cervical glands.

The disease is treated, as in the case of full-grown persons, and the reader is, therefore, referred to the large treatise; except that in the cure of children *Aconite* and *Dulcamara* should be used much more frequently than with full-grown persons. If employed in time, a serious attack of angina may frequently be warded off. If sup-



puration should threaten to set in, *Belladonna*, followed by *Hepar-sulphuris*, will prevent it better than any other remedy.

Among the diseases of children *Billard* ranks the angina laryngea œdematosa, a serous or sometimes a serous-purulent infiltration of the sub-mucous cellular tissue of the larynx, causing œdema of the mucous membrane and a more or less complete closing of the larynx. This angina is rather difficult to diagnose; the principal symptoms of the disease resemble those of laryngitis, except that the voice is strangely altered and husky, and the cries of the child resemble the baaing of a goat.

Next to *Aconite*, I recommend *Sambucus*, *Spongia*, *Hepar-sulphuris*, and refer the reader to my large treatise for more detailed indications concerning the use of these drugs.

*The angina-exsudativa, diphtherica, (maligna, gangrænosa, putrida, or gangrenous angina, malignant angina)* is, according to Hamilton, exclusively a disease of children, but according to Eisenmann, it existed as an epidemic disease several hundred years ago, among full-grown persons. I have treated several cases of this disease among larger children; if it exist as an epidemic, it is probably in more southerly regions, in foundling-hospitals.

There is generally a precursory stage: general malaise, chilliness, flushes of heat, restlessness, peevishness; on the second or third day stiffness, heat, pain, roughness in the throat, difficult deglutition without any particular pain. On the velum palati, tonsils, uvula, and sometimes along the edges of the tongue, a very vivid, not homogeneous, rather dotted, spotted, streaked, sometimes livid or purple redness is seen. The inner throat is not much swollen, but the cervical glands considerably, the face is bloated, and the eyes run. These symptoms are so slight that they are frequently overlooked; in the

mean while the disease progresses towards the second stage.

After one or two days, and sometimes sooner, we discover on the spotted, red-looking base of the throat and on the tonsils irregular patches of a whitish, white- or ash-gray color, or looking like lard; first they are isolated and circumscribed, afterwards they grow larger and become confluent. These patches first make their appearance at the terminal point of a tonsil, and are then hidden by the velum palati. They consist of a pulpous, cheesy exudation of various thicknesses, which can be detached from the mucous membrane. The subjacent and surrounding mucous membrane is of a livid, or dark-red color, but otherwise sound. Sometimes the pseudo-membranous patches are tinged black by the blood, and resemble gangrenous crusts; gradually they become softer and are separated and expelled in fragments; in most cases they are reproduced with great rapidity. The resemblance of these whitish-gray formations to gangrenous scurfs and the peculiar odor from the mouth have induced a belief that this angina is a genuine gangrenous inflammation. Sometimes a diphtheritis commences in the nasal fossæ which discharge a yellowish, bloody, corrosive fluid of an offensive, spermatic odor; the internal surface of the nostrils is lined with pseudo-membranes, the whole nose turns red and swells. By invading the larynx and œsophagus the diphtheritis faucium becomes a dangerous disease. Deglutition is more difficult, the beverage returns by the nostrils, exciting sickening paroxysms of cough or an inclination to vomit; the voice has a nasal sound, becomes hoarse and gradually disappears; the symptoms now resemble those of croup. There are cases where the above-described patches secrete an ichor which destroys the tissues that it comes in contact with, by softening, ulceration or mortification. These gangrenous cases are higher grades and rarely-occurring modifications of the disease.

Diphtheritis maligna is very closely allied to typhoid inflammation. The general phenomena are sometimes so little striking that no danger is apprehended. There is not much fever, the appetite is not disturbed, the temperature of the skin is natural, only the languor and sopor are prominent symptoms. Sometimes the disease is not attended with constitutional irritation; in more violent cases the strength soon fails, typhoid exanthemata, miliaria and pemphigoid blisters develop themselves on the skin. Vomiting and a colliquative, foetid diarrhoea supervene; the pulse becomes feeble, irregular, very frequent; the thirst is intense, the urine jumentous and foul-smelling, the skin which had been dry and dead, becomes covered with a clammy, foetid sweat; sopor sets in.

If the disease do not terminate fatally, it lasts from seven to twenty days. In case of recovery the exudation becomes thinner and more transparent, and is surrounded by a brighter redness; the pseudo-membranes are either expelled or swallowed, thinner membranes are reabsorbed; the ulcers become cleaner; the fever abates while distinct critical changes are taking place; the breath loses its bad smell, and deglutition becomes easier. In some cases the swollen cervical glands suppurate. After the exfoliation has taken place, the mucous membrane has a bright-red color, which abates gradually; and after the disease is entirely gone, the tonsils and uvula look smaller and contracted. Death ensues, sometimes in twenty-four hours, by the disease extending to the mucous membrane of the larynx and developing all the symptoms of croup; or by œdema of the glottis; or typhoid bronchio-pneumonia supervenes, which destroys the patient without its existence being discovered, on account of the intense violence of the throat-symptoms; or by exhaustion and decomposition of the fluids, with torpid fever; and lastly by convulsions, &c. The disease is not always dangerous, especially in sporadic cases, and when it is confined to the tonsils, pharynx, root of the

tongue and the inner sides of the cheeks, and is not complicated with other diseases or exanthemata. (*Canstatt.*)

*Causes.* In some regions the disease seems to have an epidemic type, in others it is only sporadic. Children of from two to eight years, especially with impoverished, delicate constitutions, or who had been weakened by previous diseases, are most liable to this disease. It is generally seen in company with other epidemic, contagious diseases, such as variola and scarlatina, and is then very apt to terminate in sphacelus. Other causes are : cold, damp, mouldy dwellings, especially sleeping-rooms of this description ; want of warm clothes and wholesome food, and all debilitating influences.

*Prognosis.*—It is a dangerous and insidious disease. Sporadic and pseudo-membranous inflammations generally terminate favorably. The greatest danger arises from the disease invading the larynx and terminating in sphacelus. Little and weakly children are in more danger than larger and robust ones. In narrow, badly-ventilated dwellings the disease readily assumes a malignant type.

*Treatment.*—Although we do not possess a specific remedy for this disease, nevertheless we are enabled, owing to our more careful appreciation of the phenomena of disease, and to our more solid and more accurate knowledge of the pharmaco-dynamic virtues of our drugs, to treat the disease much more successfully than the Old-School is capable of doing with its calomel, emetics, quinine, chlore, mineral acids, &c. If an ocular examination of the throat should have satisfied us of the existence of the disease, it may be advisable to give a dose of *Mercurius* 6th to 12th, every two hours, for the purpose of preventing the disease from running into the second stage. From three to four doses will be sufficient for this purpose. If it act favorably, the patient will be in better spirits and less languid, and we now have to wait and see whether the improvement will spread ; an untimely repetition of the dose might be prejudicial. Aco-

nite and Belladonna do not seem to be indicated in this disease; and even if they should moderate the fever, which is at first very slight, the disorganizing process goes on. If Mercurius should cease to do any good, *Hepar-sulphuris*, third trituration, will not only diminish the glandular swellings of the neck, but likewise enable the patient to swallow.

It happens very rarely, however, that the physician is called at the first outbreak of the disease; and even if he were called at this early period it is doubtful whether he will diagnose the true character of the disease, unless he should know that it developed itself as a sequela of scarlatina. Physicians have recommended *Carbo-vegetabilis* and *Arsenic* for this second stage, but neither of these medicines has ever done the least bit of good in this disease. Physicians were induced, by the constitutional typhoid condition of the patient, to prescribe these medicines, but neither of them causes pseudo-membranous formations in the fauces, and the known symptoms of these drugs do not even justify the supposition that diphtheritis faucium comes within the therapeutic sphere of either Carbo-veg. or Arsenic. The medicines which we require to use in this disease must be such as are capable of altering the quality of the blood in a similar manner as the disease. Our specific croup-medicines are not sufficient, for in croup the disorganizing process does not show the same tendency to invade adjoining organs or to terminate in sphacelus. Only, if the inflammatory action should extend to the larynx, we might be justified in trying the remedies which we use for croup or œdema glottidis; in the latter case Arsenic would be appropriate.

I am disposed to think that *Kreasotum* 6th, might be an excellent remedy in this disease, although the pathogenesis of this drug, so far as known, does not exhibit a very striking similarity to the symptoms of this inflammation. Another remedy would seem to be *Lachesis*



18th to 24th. It does not occasion a membranous exudation, but it alters the quality of the blood; and the nervous prostration, the symptoms of the mouth and throat, those relating to the mind and disposition, the febrile phenomena, and the rapidity with which this poison acts certainly justify its choice.

If sphacelus should threaten to set in, I should give *Secale-cornutum*, which seems to me preferable to Arsenic. A few pellets of the 6th atten., may be given, and a favorable change may be effected in a couple of hours.

The above mentioned remedies are more of a speculative nature; I will now mention a few which have actually effected a cure.

First of all, I name *Baryta-carbonica*. In a case of angina scarlatinosa, I gave this remedy with striking success; I used it on account of the good effects which this agent shows in scrofulosis, when the cervical and submaxillary glands are swollen. In diphtheritis faucium it is indicated by the following symptoms: The tonsils and submaxillary glands are so much swollen, that even the face appears bloated; the child's breath is very hot, has a bad smell; the jaws can be opened but little, the tongue is dry, the tip and edges redder than usual. The child is very restless, cries a good deal, but drinking appears to cause less pain than when the mouth is kept dry, which renders the voice rough; if the little finger be introduced in the mouth, it feels a heat and dryness in the mouth. The nightly sleep is disturbed by excessive heat, and probably some anxiety, which makes the child call for its parents all the time. I have been in the habit of giving the 3d atten., a grain every two hours, but it is my impression that a higher attenuation is likewise effectual; for swelling and induration of the cervical glands I have never gone below the 12th atten.

Dr. A. Mueller gave *Cantharides* in one case with



signal success. It is adapted to violent cases, with intense burning fever, bloated face, frequent pulse, dry mouth inducing a constant desire to drink, &c. The paroxysms of heat are sometimes interrupted by paroxysms of coldness, which cannot be removed by warmth. This struggle between the vascular and nervous system, implies the approach of a typhoid condition. Further characteristic indications for the use of Cantharides are : inflammation and disorganization of the mucous membrane in the inner parts of the mouth, reddish-blue spots, little abscesses on the inflamed tonsils and in the fauces, bad smell from the mouth, difficulty of swallowing, feeble, thin, tremulous voice. The most suitable attenuation is the 12th to 18th ; frequent repetitions are unnecessary.

*Pulsatilla* 12th, atten., in repeated doses, suits children with debilitated constitutions, a scrofulous disposition, effeminate habits and stomachs, that have been spoiled by sweets. Among the remedies which might prove useful, I will mention Mezereum, Hepar-sulph., Phosphor., Alumina, Sulphur, Nitri-acidum, &c. If we may judge by the symptoms, which have been obtained with oxalic-acid, (see Dr. *Reil's* proving in "*Homœopathische Vierteljahrschrift*, No. II. 3.), this great agent will be a useful auxiliary in this disease.

#### NOTE BY DR. HEMPEL.

Although Hartmann rejects the use of *Aconite* in this disease, yet it seems wrong to slight it. If diphtheritis maligna be a dyscrasia of the blood, is there a remedy that has greater claims to the character of a remedial agent in this disease than *Aconite* ? What drug is more capable of altering the quality of the blood and changing it to a form bordering upon dyscrasia ? *Aconite* seems to be the very specific for all those diseases, which Old-School physicians term diseases of the blood.

8.) *Angina-membranacea, Cynanche-stridula, (Croup.)\**

It is an exceedingly arbitrary proceeding to separate croup into several stages; for such demarcations do not exist in nature, and are therefore of no sort of importance in practice.

The disease does not always begin in the same manner. As a general rule, it develops itself either gradually or breaks out all at once. The slowly developed croup sets in, in the form of a simple catarrhal fever, with coryza, cough, a little hoarseness, frequent sneezing, chills, heat, weariness, drowsiness, lachrymation, cross mood, heaviness of the head, &c. Hoarseness is always a suspicious symptom in little children, especially when it is accompanied by a rough cough. These symptoms gradually increase from the first to the eighth day. All at once, generally at night, the children are roused from their sleep with a sensation of anguish, and a violent paroxysm of the peculiar croup-cough threatens to suffocate them; this paroxysm lasts from one to three hours, after which the children go to sleep again. A considerable interval, sometimes the whole of the following day now elapses without any apparently dangerous symptoms, only a little hoarseness, rough cough, oppressed breathing, and moderate but continued fever, or even the child seems to be pretty smart, so that no danger is apprehended. These intermissions have no regular type; the paroxysms of croup set in again suddenly, cease again, but the intervals become shorter and shorter, and the breathing remains labored and oppressed. It is only the first two or three paroxysms that are separated by distinct remissions.

The second variety of croup, which attacks the children

---

\* We refer the reader to several beautiful essays on this disease; one, by Dr. Elb: *Diagnosis and Treatment of Croup*. See *Homœop. Vierteljahrsschrift*, II. 3. Another, by Dr. Schelling: *On the Croup and Asthma of Children*. See *Allgem. hom. Zeit.* Vol. 42, No. 20. And a third, by Dr. Cl. Müller: *On Croup*. See *Hom. Viertelj.* Vol. III., No. 1.

*suddenly*, sets in without any precursory symptoms, while the children seem to be in the enjoyment of full health ; they feel a pain in the larynx, the voice is altered, there is the croupy cough with considerable dyspnœa, violent fever, and the disease soon reaches the highest degree. In this form likewise, the paroxysms of cough and suffocative anguish become more and more frequent, until at last every trace of a remission has disappeared.

a.) *Characteristic symptoms of croup : altered voice.*

—The alteration of the voice and the peculiar cough exist from the commencement to the end of the disease, and continue even after recovery. The voice remains hoarse even between the paroxysms. This croupy tone of the voice is designated differently by different authors ; some liken it to the crowing of a cock, others to the barking of a dog, others again to the braying of an ass ; some again describe it as hollow and deep, others as screeching, lisping or wheezing ; those who have heard it once, do not forget it. Sometimes the voice has a double sound, first rough and deep and then suddenly changing to a shrill, piercing sound. At a later period the voice is entirely suppressed, the child wants to cry and speak, but is unable ; in some cases the voice is suppressed from the beginning, and then the croupy sound is entirely wanting.

b.) *Cough.*—It is violent, short, shrill, barking, afterwards crowing, hollow and harsh, as if the child were coughing into an empty pot or a metallic tube ; generally the cough is dry ; every turn of cough is followed by a dry, hissing, slow, sonorous inspiration ; the expiration between each two succeeding turns of cough is easier than the inspiration, but hurried. Gradually the cough acquires a husky sound, as if the child would suffocate, without danger, and this sound is supposed to indicate an effusion of coagulable lymph. Between the paroxysms of cough, which are excited by speaking, drinking, &c. The wheezing in the air-passages is heard at every in-

spiration. Occasionally something is expelled from the wind-pipe by the cough. When the cough has a very shrill and piercing sound, and is of a convulsive, racking nature, it is probable that the larynx is principally affected. If there should be a catarrhal stage, the peculiar croup-cough is not heard until the disease develops itself.

c.) *Disturbed respiration.* If the disease should develop itself rapidly, dyspnœa soon sets in; even if it should not attain a high grade in every case, it nevertheless continues without interruption, and gradually increases as the paroxysms of cough become more frequent and severe. The breathing is very irregular, at times short, at others long and deep, the inspirations long and wheezing; finally the breathing becomes continually stertorous, hissing, sawing, and can be heard at a distance. The orthopnoë reaches its acme; at every inspiration the larynx descends hurriedly towards the sternum, and the diaphragm is drawn inwards and upwards, whereas, during the expirations, the larynx is raised towards the lower jaw. The heart and the carotid arteries beat tumultuously, the costal cartilages and the sternum are violently drawn backwards, the shoulders are raised; the little patients raise themselves on their seats, want to leave their beds, grasp at the larynx; in order to remove the obstacle from the throat, they put out their tongues, throw their heads back, and breathe in this way with the windpipe pushed forward; there is an evident endeavor to elongate the neck, and to stretch it upwards and backwards. According to Heim this is a sign of membranous exudation having taken place. In their despair the patients pull out their hair which is dripping with sweat from the anguish and agony, strike at those who are near them, knock their heads against the wall, cling firmly to every thing they can lay hold of, &c. After such violent paroxysms of orthopnoë the children fall back on their beds, pale, blue, exhausted and apparently in a state of slumber.

d.) *Local pain* in the larynx and trachea, increased by pressure on the throat; this is not always present and rarely from the first; but the children point at the spot where they feel the pain, or they grasp at the larynx, or have a sensation as if the throat were constricted.

e.) *Expectoration*; this is generally wanting; at a later period slimy, cheesy particles are sometimes expelled with the cough, and towards the end, membranous patches of different sizes and shapes, sometimes tubular, are vomited up.

f.) *Secondary symptoms*.—Red or livid color of the face and whole body, swelling of the face and neck, sopor (only in the last stage of the disease); congestion of the eyes which finally become dim, sunken and remain half closed.

g.) *Fever*.—This generally exists from the beginning to the end of the disease; it is a glowing heat, with intense thirst, and an extremely frequent, and at first rather hard pulse, the urine is generally very red, the bowels costive. Heim says that the fever is sometimes very slight and even entirely wanting. It is apt to assume the character of torpor. The pulse which is exceedingly variable, and becomes smaller, more frequent and irregular during the paroxysms, gradually sinks until it can no more be counted, the tongue becomes dry and looks blackish, the skin is covered with a cold, clammy sweat, involuntary, black, foetid discharges from the bowels take place, the hands and feet becomes œdematous, and the urine deposits a whitish sediment which Andral looks upon as a pseudo-membranous exudation of the bladder.

#### VARIETIES OF CROUP.

*Jurine, Albers*, and others distinguish croup of the larynx, trachea and bronchia.

The *laryngeal croup* is most common; it is distinguished by the rapidity of its course, and the violence

and dangerous nature of its symptoms ; the cough is shrill and barking, the seat of the pain is the larynx, the difficulty of breathing is from the first much greater in this variety of croup than in the tracheal variety. The laryngeal croup is distinguished by violent spasmodic suffocative paroxysms ; the inspirations are accompanied by a wheezing sound, and the voice is almost completely extinct.

The *tracheal croup*, is much less frequent ; its course is less rapid, the symptoms are less violent ; by pressing upon the throat, we discover the seat of the pain which is in the trachea ; the cough has rather a catarrhal sound, it is less barking, and the real croupy cough is sometimes wanting for a long period. The voice is veiled and not entirely extinct. The intermissions are more distinct, and the suffocative paroxysms are less violent than in the laryngeal variety. A fatal termination is not near so imminent.

In the *bronchial croup*, the breathing is rather stertorous than wheezing ; the remissions are much less marked, than in either of the other two varieties ; the dyspnœa continues during the whole course of the disease ; the stethoscope reveals crepitant murmur throughout the whole chest ; the oppressive anxiety is greater ; sometimes the voice is only a little husky, the cough less rough ; during the intervals there is a short and dry cough, the fever is generally very high.

These various forms of croup do not always occur in nature as we find them described in the books ; generally the symptoms of one form are found more or less mixed with symptoms belonging to another variety. Auscultation should not be omitted, it will reveal to us the seat of the disease ; a sonorous wheezing denotes pseudo-membranous exudation, a rattling or râle the accumulation of phlegm.

According to the nature of the reaction we distinguish *hypersthenic, erethic, spasmodic* or *asthenic croup*. In



describing the treatment, I shall have occasion to refer again to this classification of the disease.

Croup may be complicated with pneumonia, œsophagitis, gastritis, enteritis, and especially with colonitis.

Although it seems an easy thing to diagnose croup, yet it may be confounded with an affection, which has a somewhat similar cough to croup, and is termed *pseudo-croup* by Guersant, *laryngitis-stridula* by Bretonneau, and *croupine* by Hufeland. At the first outbreak of the disease, it is almost impossible to distinguish between the real and pseudo-croup, and it is not till the disease has reached a higher state of development, that a difference between the two kinds of croup becomes apparent. Both kinds may set in suddenly, without any precursory symptoms, and it is not very material whether the true character of the disease is at once perceived, for in either case the treatment requires to be conducted with the same energy and the same means. The following symptoms characterize an attack of pseudo-croup: In the evening or at night the children are suddenly attacked by a dry, shrill, rough, barking cough; during the paroxysm of cough the breathing is spasmodically oppressed, the face becomes pale, livid or red, the veins swell, and the head is covered with sweat. After the paroxysm has lasted half an hour or more, the symptoms abate, and the children fall asleep again; on waking they seem to have a catarrh, with hoarseness, loose cough and fever. Sometimes this one paroxysm ends the disease, but in other cases there are several paroxysms in succession, gradually decreasing in length and intensity; the cough becomes moist, and the disease terminates like a common catarrh, after the seventh or fourteenth day. This distinction between true and false croup is probably the best and most available in practice.

Post-mortem examinations show in most cases unmistakable signs of inflammation of the mucous membrane of the larynx, trachea and bronchial tubes beneath the

exudated lymph; sometimes it is a deep and brown, but more frequently a bright redness, at times covering a large and coherent surface of the mucous membrane, at others distributed in patches. The consistence of the exudation varies from that of a viscous fluid to the consistence of parchment or leather, the latter principally in the larger and the former in the smaller bronchial tubes. The longer the disease lasts, the thicker and more tenacious the exuded membrane. Children who died with croup, have the appearance of persons who die by strangulation or apoplexy; the face is bloated, the cutaneous veins and the thyroid gland are swollen, over the larynx and trachea an oedematous swelling is sometimes perceived, &c.

*Causes.*—Croup seldom attacks children before they are a year old; most children are attacked between the second and seventh year, after which the disease diminishes in frequency until the 12th year. In some families there seems to exist an hereditary disposition for croup, probably based upon a serofulous diathesis. According to *Matthai* and *Golis*, children who have *crusta lactea* and *tinea capitis*, are not attacked with croup. It is not by any means certain, that fleshy and robust children are more liable to croup than thin, weakly and delicate children. In northern regions croup is more frequent than in southern; in many districts it is an endemic disease, especially in damp, marshy places, along rivers, lakes, the coasts of the sea, deep valleys, &c. In elevated regions it is of rare occurrence, according to *Schœnlein*. As a general rule croup may be occasioned by the same causes as a common catarrh or a common inflammation of the larynx, such as a cold, exposure of the neck and chest, a draught of air, a rough north-east or north-west wind, cutting the hair in very rough and cold weather, excessive exertions of the vocal organs, &c. It occurs more frequently in damp and cold than in warm weather; sudden changes of weather are likewise favor-

able to it. In most cases croup is a sporadic disease; epidemic croup is generally a development of diphtheritis emanating from the mucous membrane of the mouth, palate, fauces and nose, and gradually invading the mucous membrane of the larynx and bronchial passages. Acute exanthemata, especially the measles, may predispose the larynx for this disease.

This disease generally runs a rapid course. Most children die between the 6th and 9th day. In case of recovery, a change for the better, especially under homœopathic treatment, takes place very speedily. As long as the croupy cough continues, there is danger of relapse. Death ensues by suffocation, either suddenly, or gradually in consequence of the gradual closing of the air-passages by the false membrane, or still more slowly by paralysis of the respiratory organs and asphyxia.

*Prognosis.*—Croup is a dangerous disease, even under homœopathic treatment; but the danger would be much less if we were called as soon as the disease commences. The prognosis depends upon the age and sex of the patient and upon the cause of the disease; the younger the patient, the greater the danger; boys seem to have less chance than girls; croup from measles is probably the least, diphtheric croup the most dangerous. Bronchial croup is worse than tracheal and laryngeal croup; epidemic croup more dangerous than sporadic; complications, especially with pneumonia and pleuritis aggravate the danger. The prognosis likewise depends upon the course and symptoms of the disease. The danger increases in proportion as the symptoms of the disease, the cough, suffocative paroxysm, extinction of the voice, difficulty of breathing, anxiety, reclination of the head, paleness and livid color of the skin, weakness and intermission of the pulse, typhoid fever, increase in intensity and become more permanent. According to *Dugès*, an emphysematous swelling of the neck implies emphysema of the lungs, and is therefore a very unfavorable sign.

Favorable symptoms are : easier respiration, altered sound of the cough, abatement of the fever, sweat all over, dampness of the nose and ears, and even nose-bleed.

*Treatment.*—According to *Canstatt* it is of the utmost importance to a successful termination of the disease that the diagnosis should be prompt and correct, and that a suitable treatment should be instituted with becoming energy and decision from the very commencement of the disease ; for even a slight degree of inflammation is sufficient to close the narrow air-passages of an infant and to cause death by suffocation. This has been abundantly confirmed by my own experience, and I will therefore be as particular as possible in describing the treatment of this disease. The reader will likewise do well to read over the chapter on croup contained in my large treatise.

Croup has no catarrhal stage, the statement of physicians to the contrary notwithstanding. A catarrh or a catarrhal fever is not croup. Catarrh with hoarseness, especially when accompanied by a rough cough, is a suspicious circumstance ; but it is not croup, unless the cough have the peculiar croupy tone, and it is of this disease that I am now treating.

The first and principal remedy for croup is *Aconite*, but it must not be imagined that a high, inflammatory fever and sensitiveness of the larynx and trachea to pressure and contact are the only indications for this medicine. It is the pathological character of croup which requires the use of *Aconite* as its most essential antidote. The essential symptom in croup is an inflammatory condition of the laryngeal mucous membrane, and no matter how tenacious the exudation may be, the inflammation remains a permanent and distinctly-perceptible phenomenon and continues throughout the whole course of the disease, from beginning to end, even until the last moment of the patient's life. The intensity of the fever which generally characterizes this disease, does not so

much depend upon the extent of the inflammation as upon the high degree of inflammatory irritation of the nervous system occurring in this disease. The chief point in the treatment of croup is to keep in view the principal diagnostic sign, which is the inflammation of the laryngeal mucous membrane, and to remember that, no matter how far soever the disease may extend in the air-passages, this inflammation is always the only essential condition of the diseased parts. A physician who dwells upon this feature of the disease with a correct and unbiassed judgment, will do as I do in every case of croup to which I am called, no matter at what period or in what stage of the disease; he will commence his treatment with a dose of *Aconite*. I generally use *Aconite* 18th or 24th, a few globules in water, a teaspoonful every half hour. After giving a few doses there is either an improvement or else the disease is, at any rate, arrested. I have saved a number of lives by this method. In the case of a boy of six years, the disease had lasted for thirty-six hours. When I was called, the child was unable to breathe except with the head bent back over the head-board of the bedstead, his face was livid and his features were expressive of agony; the child was comatose, the voice had lost its resonance, the head was covered with a cold sweat, the extremities were cold, the pulse feeble and scarcely perceptible; once in a while the child carried the hand to the larynx, apparently without consciousness, and death seemed on the point of closing the scene. I had no hope whatsoever of seeing the child revive, but, in order to satisfy the parents, I put two globules of *Aconite* 12th, upon the child's tongue. In fifteen minutes the breathing was easier, and the child seemed to slumber. In two hours the skin had recovered its natural color, and was covered with a gentle sweat, the child sleeping and breathing quietly. I left another dose of *Aconite* and in twenty-four hours not a vestige of the disease remained visible. Even admitting that



this was an extraordinary case, yet it shows the great power of Aconite in croup. In every case, even in those cases where Aconite is not sufficient to a perfect cure, it will prepare the way for another remedy, and it should most certainly be repeated every now and then, even after other medicines have been given, for the purpose of quieting the nervous system and the circulation. Would that I could adequately express all that I think of the therapeutic virtues of Aconite; its mere symptoms do not, by any means, reveal the comprehensiveness of its curative sphere; experience alone can give us a just idea of the wonderful resources of this invaluable agent.

*Spongia* and *Iodine*, which is related to it, are two other efficient remedies in croup, and will remain so as long as croup shall remain what it now is. Hahnemann says of *Spongia*: "its most remarkable therapeutic virtue is to cure croup; among other symptoms it is indicated in this disease by difficulty of breathing as though a plug had lodged in the throat, and as though the larynx were so contracted that the breath cannot pass through it. Previous to giving the *Spongia*, the inflammatory condition requires the exhibition of a small dose of Aconite 30th. It will scarcely ever be found necessary to give *Hepar-sulphuris*." When this truth was first promulgated, it was received by homœopathic physicians like a voice from heaven, and it must be admitted that scarcely any case of croup terminated fatally under the use of Aconite and *Spongia*. Some cases did terminate fatally, either because the specific remedy for such cases was not known, or because the cases were aggravated by fatal complications. I generally give a drop of *Spongia* 12th, in water, divided into several doses. *Spongia* acts well in cases where Aconite was indicated, but did not do much good. The above-mentioned symptom of *Spongia*, shows that there is dyspnœa which obliges children to stretch their necks upwards and backwards; the cough is rough, hollow, barking, only a small quantity can be detached;



the inspirations are slow, loud, sibilant, accompanied by a sawing noise, and mingled with suffocative paroxysms. Spongia may be used in every variety and stage of croup, when any of the characteristic symptoms of the disease are present. Epidemic croup, or croup complicated with scrofula, when resembling bronchitis or tracheitis, requires *Iodium*, third or fourth attenuation, and going even up to 12th (?). Bronchial and tracheal croup is the proper sphere for *Iodium*, especially when there is a tendency to torpor. This agent is not so much indicated by the breathing with the head bent backwards, as by the fact that the symptoms of *Iodium* indicate an inflammatory condition of the larynx, with croupy cough; there are no symptoms pointing to a pseudo-membranous formation either in the larynx or the upper portion of the trachea; the face is not blueish and bloated, but pale; the voice has a rough, deep and hoarse sound; the respiration is more stertorous than a mere breathing; the painfulness of the larynx and trachea and the dyspnoea are prominent symptoms. The stethoscope reveals crepitation all over the chest; the patient seems to be oppressed with excessive anguish, the beats of the heart being quicker and stronger, the pulse small and frequent, or even feeble and uncountable. The iodine-croup is always characterized by pain in the chest and larynx; small children manifest this pain by grasping at the parts, and larger children express it in words. But even in such cases of croup *Aconite* should be given every now and then, to quiet the nerves and subdue the vascular excitement.

It would seem, from Hahnemann's remarks about Spongia, that *Hepar-sulphuris* is not very essential in the management of croup. This, however, is a mistake, and I have cured light cases with this remedy alone, especially such cases as came on with every new tooth, and were therefore not very dangerous. Elb remarks that "*Hepar-sulphuris* is less frequently indicated at the commencement of the disease than at a later period when

the exudation has already commenced, which is copious and consists more of a tenacious phlegm than of a firm, membranous substance ; or else it is indicated towards the end of the disease, after the suffocative paroxysms had been subdued by Iodine, or the re-absorption of the morbid product had commenced, and this had assumed a more liquid form." In cases where the plastic membrane is converted back again into a mass of phlegm, causing a rattling and some anxiety, although no dyspnœa, with paroxysms of dry cough as if the throat were irritated by smoke, and threatening to cause suffocation, until the child is relieved by vomiting up quantities of mucus, *Hepar-sulphuris* favors the absorption of the mucus and effects a speedy cure. I employ the lower trituration, a small portion of a grain dissolved in water, and giving a dose every three hours, or less frequently if an improvement should set in.

If it should happen that after giving a certain medicine, the symptoms for which another medicine had previously been given, should reappear, these two medicines, or any other two medicines which are respectively indicated, may be given in alternation.

For the hoarseness which sometimes remains after croup, and for the tendency to relapse, I recommend *Phosphorus* 16th to 24th. Some twenty years ago I treated a case of croup, and the child was well, except a hoarseness, which remained and excited my suspicion. But the parents insisted that the child was doing well. Next day another attack of croup destroyed the child's life. Since then I have never failed to use the *Phosphorus* under similar circumstances. It might perhaps be recommended for a sort of intermittent croup without regular intervals. According to Elb, *Phosphorus* is likewise very useful "for a dry, hacking, not very harsh-sounding cough, with a continual irritation and titillation in the larynx and trachea, with shortness of breath, which otherwise has a natural sound." This kind of cough some-

times remains for a long while after croup, and must not be confounded with catarrhal cough, for it is apt again to assume a croupy character. After Phosphorus we sometimes have to use *Bryonia* 12th, especially after bronchial croup, when the cough occurs after midnight, is spasmodic, preceded by oppression and anxiety which rouse the child from sleep, and does not cease until a quantity of mucus has been thrown up. *Cup.-met.* 12th, deserves to be mentioned for a spasmodic cough with stoppage of breath, hoarseness of a suspicious nature, and disposition to lie down.

*Tartarus-emeticus* 3d or 6th, is an excellent remedy in croup, when, after the dangerous symptoms are removed, an oppression of breathing, wheezing in the trachea (a symptom of incipient paralysis of the lungs), frequently recurring rattling of mucus in the air-passages, frequent paroxysms of suffocative cough, increased heat and frequent pulse, especially in the evening and before midnight, remain. In such a case, if the physician should think that *Hepar-sulphuris* is indicated, and if he should hesitate, which to choose, either *Hepar* or *Tartarus-emeticus*, both of which remedies are intimately related to each other in this case, they may be given alternately with the happiest result. If the symptoms which indicate *Tartarus-emeticus*, should be combined or should appear alternately with the following symptoms: sensation of constriction across the chest, which is felt as soon as the cough commences and increases while it lasts, it is perfectly proper to give the *Tartar-emetic* in alternation with small doses of *Moschus* 6th. If the remaining symptoms of croup should become complicated with asthma Millari, which might easily happen on account of the weakness and excessive sensitiveness of the respiratory organs remaining after croup, *Moschus* and *Sambucus* deserve our first attention.

*Kali-bichromicum* has been recommended for croup by several German and American physicians.

Schelling recommends *Arsenic* in an affection of the air-passages where there is evidently an intermittent type, and the paroxysms threaten to end in suffocation, and are accompanied by hissing, wheezing and moaning respiration. This condition, however, seems more like asthma than croup.

Complications and exceptional cases may arise which may require other remedies beside those mentioned in the preceding paragraphs. I should have to copy a goodly portion of our *Materia Medica* if I would mention all these remedies. Instead of this I may as well remind the reader of the propriety of not letting the child sleep too long while the danger lasts. It is a positive fact that after sleeping a long time, the paroxysms are much more violent than when the child is roused from its sleep every now and then. In any other disease, or even in croup after an improvement has set in, it is well and advisable to let the child sleep until it wakes of itself; but croup is an exception to this rule and the child should be waked every now and then, and especially, when the moment for taking the prescribed medicine has come.

Griesselich recommends to apply tepid water to the larynx, either by means of a sponge moistened with warm water, or by wrapping a piece of flannel, dipped in warm water, round the throat; the application must be renewed as often as the water gets cool; it is well to have a second sponge or piece of flannel all ready before taking off the first.

#### NOTE BY DR. HEMPEL.

*Kali-bichromicum* seems to be less adapted to croup than to ulceration of the air-passages. *Bromine* has likewise been recommended for croup; its indications are similar to those of *Iodine*.

9.) *Parotitis-epidemica (Mumps.)*

This is generally an epidemic disease among children, and the character of the disease is generally modified by the type that happens to prevail at the time when the disease breaks out, so that the medicine which had been found to act as a specific remedy in one epidemy, may not be of much use in the next.

The disease is generally ushered in by precursory symptoms, which are, however, so vague and general that the character of the local affection cannot be inferred from them. Such symptoms are alternate chills and heat, frequent pulse, general feeling of illness, languor, pains in the limbs, sleeplessness, restlessness, loss of appetite, &c. After the lapse of some three or four days the local affection shows itself. In the region of both parotids a swelling of tolerable size becomes visible; it is slightly red, tense, frequently œdematous, and may spread upwards beyond the cheeks and eyelids, and downwards as far as the chest, distorting the face to such an extent that it is impossible to recognize its former shape; the submaxillary and sublingual glands and even the inner mouth are frequently swollen; the patient is unable to open the jaws, mastication and deglutition are impeded. As the swelling develops itself, the fever generally abates. This is the simple form of the disease, which generally terminates after the lapse of seven days in gradual decrease of the swelling, by the breaking out of a critical sweat, by a critical flow of saliva, critical discharges of blood, urine, or stool. In some cases the swelling suddenly collapses, the fever reappears, and other organs, such as the brain, lungs, stomach, pancreas, scrotum, mammæ, &c. swell. Suppuration and induration are rare terminations of the disease. The disease may terminate fatally by metastasis, pressure of the swelling upon the cervical vessels, and by suppuration.

The symptoms which characterize this disease, vary.

The fever, for instance, is sometimes wanting from the beginning to the end of the disease ; it may be a simple erethism or else a synocha, and may be accompanied by delirium, convulsions and violent vomiting. At other times the eruptive fever is intense and the swelling inconsiderable, whereas the reverse may likewise happen. The fever is generally characterized by distinct remissions and exacerbations. In some cases the patients feel sick for weeks before the disease breaks out, whereas in other cases the swelling commences on the very first day. The swelling varies likewise ; in most cases it commences on one side, and then speedily attacks the other ; but there are cases where a long period elapses before the other side is invaded. The swelling has scarcely ever a phlegmonous character, it is not very tense, frequently doughy, the skin covering the swelling is pale, or not very red, nor is the temperature much raised ; there is not much pain ; at other times the swelling is oedematous and looks livid (a bad symptom.) As was said above, the swelling disappears with the breaking out of critical sweat, &c. or else it disappears without any perceptible crisis as lysis. Metastasis to the brain is dangerous, unless the original swelling should suddenly reappear, as is sometimes the case. The termination in suppuration is very rare, and takes place only when the inflammation has a phlegmonous character, as I have seen it occur during epidemic scarlatina, in which case an ichorous pus was secreted. Post-mortem examinations have shown that the gland may become infiltrated with pus, or that the pus may collect in the surrounding cellular tissue. In some cases the abscess opens into the meatus auditorius, and a discharge of pus from the ear takes place. Induration is likewise a rare termination, and, if it do take place, it is generally in scrofulous subjects. Other terminations are : anasarca, emphysema, gangrene ; sequelæ : hard hearing, buzzing in the ears, deafness, &c.



*Causes.*—The disease is generally epidemic; it has appeared as the precursor of epidemic croup, or in company with catarrh, measles, scarlatina, smallpox, or erysipelatous inflammations; as an endemic disease it is probably known only in damp, foggy regions near the coast. The disease prevails in the spring and fall, and is then apt to break out in children who take cold or get wet. The disease rarely occurs before the second year. According to some, the disease is particularly contagious when desquamation takes place during the critical stage.

*Prognosis.*—This disease is easily cured, and is generally without any danger. There is danger of metastasis, when the swelling suddenly decreases and the fever increases at the same time; metastasis to the brain and lungs is very unfavorable.

*Treatment.*—Like many other epidemic and exanthematic diseases, parotitis, if left to itself, runs a natural course, until resolution takes place. The intensity and character of the accompanying fever depend upon the prevailing type of disease, which determines more or less the choice of a remedy. It is impossible to indicate, and it would be superfluous to give medicines for the precursory symptoms; all that a homœopathic physician can and should do, is to treat the disease after it has fully developed itself. Among the remedies for mumps we distinguish in the first place:

*Mercurius-solubilis.*—In the beginning of homœopathy this was the sovereign remedy for mumps, and with it we cured almost every case, or rather we gave one dose of Mercurius, and then waited until the disease had entirely disappeared. Since then, experience has shown that Mercurius is really a specific remedy for this disease, provided it is rightly administered. The most suitable attenuation is the 6th or 12th, one dose every four hours, and less frequently on the second day. It is indicated by the following symptoms: the disease was caused by a cold; erethic fever, alternate heat and chills

in frequent paroxysms, with nightly thirst and a striking disposition to night-sweats ; the local symptoms, swelling, &c., have been described above, and may be very slight or else very much developed ; the appetite is entirely gone, which might, however, be owing to the fact that the jaws cannot be well opened, and that deglutition is difficult. If *Mercurius* should remain without effect, or if the swelling should threaten to become hard, *Baryta-carb.* 12th, will hasten the resolution, and if a remnant of the disease should then still exist, a small dose of *Carbo-vegetabilis* 30th, or of *Conium* 30th, will remove it.

For phlegmonous inflammation of the parotid glands, the best remedy is *Belladonna* 24th or 30th, a small dose every three hours. The swelling is very sensitive, stitches strike through it, the heat is intense, both internally and externally, and the collateral symptoms indicate a typhoid condition. To prevent suppuration which is very apt to set in, it is necessary to repeat the *Belladonna* pretty often until the disease seems to be arrested. If typhus should actually supervene, and *Belladonna* should be without avail, *Rhus-tox.* 12th, will most probably effect a cure. It frequently happens that phlegmonous parotitis develops itself during epidemic scarlatina, sometimes as a vicarious symptom ; in such a case *Belladonna* is certainly indicated, and would only yield the palm to *Rhus-tox.*, in case the inflammation should assume an erysipelatous character. For parotitis after scarlatina, especially when accompanied by dropsical symptoms, *Rhus-tox.* is a specific remedy.

Parotitis arising from bruises or contusions, requires to be treated with *Arnica* 6th, and if the disease should assume a chronic form, with *Conium*.

Metastatic changes have to be warded off by quiet and a uniform temperature. If they should actually have occurred, the metastatic disease will have to be treated in the same way as the primary forms of the disease.

## D.) INFLAMMATIONS OF THE HEAD.

10.) *Hydrocephalus* ; (*Dropsy of the Brain*.)

a.) *Encephalitis* or *meningitis-infantum*, *hydrocephalus-acutus*, (inflammation of the brain, acute dropsy of the brain.)

Notwithstanding the efforts of recent authors to give a true and complete description of acute hydrocephalus, it must nevertheless be admitted that scarcely any theory in medicine is more confused and more unsatisfactory than the existing theory of acute hydrocephalus. It is supposed to be a combination of scrofulous, exanthematic, impetiginous, typhoid and other morbid processes which have lost their primary, idiopathic form and have unitedly occasioned the local affection of the brain.

*Symptoms.*—The disease is generally divided into the stage of congestion, inflammation and exudation, but this division seems to be purely speculative, for we are unable to discover the alterations, which these names seem respectively to indicate in the dead brain. Canstatt adopts the following four stages, and his classification seems to be more in accordance with truth and nature.

*First or irritative stage.*—The children are at first cross, peevish, their conduct is altered, they cease to play. They are unable to keep their heads erect; if able to walk they stumble, are liable to falling, or raise their feet high off the floor in walking. They complain of pain in the head, and when moving it suddenly, lose their senses for a moment. The head feels hot, the face is red, and there is a frequent change of color from deep redness to extreme pallor. The children are either sleepless, or else drowsy without being able to sleep, or they sleep more than usual, and start during sleep or at the least noise; they groan, start from their sleep with a peculiar, short, screeching shriek, distort their features; the eyes look congested, dread the light; the urine is

scanty, frequently turbid and cloudy; disposition to vomiting and actual vomiting; obstinate constipation; these two last symptoms are, according to Hufeland, the diagnostic signs of hydrocephalus, and are wanting in other affections of the brain. The skin is dry, although a papulous eruption is sometimes seen in this stage. Appetite gone. This stage lasts from several days to several weeks.

*Second stage of cerebral irritation.*—With an increase of the above mentioned symptoms, the heat of the head, which is perceptible to the hand, increases likewise, and the children dread to move the head or have it touched; they do not like to hold the head up, but they either press it firmly against the pillow or else request some one to hold it. On raising or moving the head they are apt to vomit; the vomiting is appeased by lying down in a horizontal position, or by resting the head on something. Larger children are delirious; after the delirium has set in, the vomiting generally ceases and does not return. The children are now in constant slumber, uneasy, and convulsive twitches become apparent. The pupils are contracted, the eyes are sensitive to the light, rolled upwards, the hearing is sensitive, the children squint. The face becomes pale, sunken, the features are altered. The children chew, roll their tongues, grate their teeth. Mechanically they carry their hands to their heads and privates. The abdomen collapses even without any previous evacuation; the bowels are costive, or else there are clayey, brown, green discharges; the nose and lips are dry; the skin is loose and discolored; a very fine, dry eruption is seen on the skin, generally on the outside of the upper arms, on the cheeks and sometimes on the lips. (Formey's exanthem.) The urine deposits a chalk-like sediment or else it looks as in the first stage. Irregular respiration, at times slow, at others tumultuous, and sometimes accompanied by sighing. The pulse, which was somewhat accelerated in

the first stage, becomes slower towards the end of the second, sometimes descending to fifty or sixty beats in the minute, and remains soft for several days. Actual fever is rarely present, and it is not proportionate to the intensity of the cerebral affection.

*Third stage ; period of pressure on the brain.*—Increased apathy and stupefaction. It is only when raising the child and not supporting the head for a few minutes that the patient becomes anxious and restless and tries to rest the head on something. Increased alteration of the features ; the child lies crooked or on its back, with its legs spread, and boring with the head into the pillow ; it stamps with the feet, the leg which is drawn up, totters to and fro ; the hand of this side performs unconscious tremulous motions ; the child bores in the nose and ears ; all the senses have become dull, except perhaps the hearing ; the children do no longer recognize objects which are held before them, they miss them in trying to take hold of them ; the pupils are dilated and insensible to the light, except to very bright light, which still causes a slight vibratory trembling in the pupils. The eyes run, the pulse becomes slower and unequal ; partial sweats break out, the breath becomes foetid. In this stage the children show a greedy desire for something to eat.

*Fourth stage ; period of torpid fever.*—Complete stupefaction ; sopor with the eyelids half open ; extinction of the senses, diplopia, blindness, deafness, convulsive distortion of the eyeballs, general or semilateral convulsions, opisthotonos, hemiplegia, generally of the right side ; the paralyzed parts are cooler than the rest of the body ; involuntary discharges of stool and urine, or else distention of the bladder, which is full, the respiration hurried and short, and more and more interrupted by sighing ; difficulty of swallowing ; striking emaciation ; abatement and cessation of the vomiting ; acceleration of the pulse, which becomes smaller and



smaller, and finally uncountable, with increased fever, burning skin. Amid these symptoms the patient dies, with or without convulsions, and sometimes in a comatose state. This stage lasts one or two or three days.

Although this description of the disease is very lucid and accurate, yet the diagnosis is not always easy, for the disease may be complicated with other affections, especially abdominal affections, gastromalacia, inflammation of the abdominal organs, worm-affections, dentition, croup, bronchitis, pneumonia, whooping-cough, pulmonary tubercles, measles, scarlatina, and other diseases which can indeed be recognized by their characteristic symptoms.

The symptoms vary a good deal, and one symptom is not sufficient to reveal the true character of the disease; it is from the totality of the symptoms that this has to be inferred. Delirium, for instance, is not always present, generally only after the seventh year. In some cases it commences when the vomiting ceases; it is not as violent as in the case of full-grown persons, it is generally bland, consisting of incoherent, inarticulate words, mingled with unintelligible muttering and a motion of the lower jaw as if the child were masticating something. It generally lasts from three to four days during the irritative stage, is never permanent, alternates with coma from the commencement and is finally superseded by coma entirely. Vomiting is one of the most distinguished and most permanent symptoms of cerebral irritation, and, if accompanied by headache, should always be attended to with due care. The headache is, however, a more persistent symptom than the vomiting, and sometimes precedes it for weeks. The vomiting increases by moving the head, and is appeased by keeping the head quiet. It may disappear after the delirium has set in, or else it may recur every now and then until the patient dies. It occurs very rarely in the third stage of the disease, mostly after drinking, containing the beverage



which the patient had drunk, and a slimy and bilious fluid. Sometimes the tongue is coated white, at others quite clean, only towards the end of the disease it becomes dry and blackish. The pain in the head is not definite either as to locality or character; it is a tensive, aching pain, accompanied by vertigo, intermitting or else continuous, &c., affecting the whole head, forehead, temples or back part of the head; a characteristic symptom of this headache is to get worse when the head is kept erect. Headache is rarely wanting, and, even if children should not complain of it, yet its presence may be inferred from the fact that children grasp at their heads involuntarily. The face of the patient has a peculiar expression of imbecility; the children are anxious, cross, there is an expression of languor and apathy in their eyes. It is more particularly from the beginning of the third stage that the face becomes pale, shrivelled, and looks hollow, even if the children should have been ever so fleshy and robust. We do not see any permanent distortion of the mouth or violent convulsions of the facial muscles, but passing grimaces. The shrill, piercing, long-drawn shriek which characterizes this disease, has first been described by Loindet; it occurs periodically, either without any apparent cause, or when the abdomen, or some other part of the body, is touched. The peculiar groaning and moaning are frequently accompanied by a short, hacking cough. In the irritative stage we notice in many cases contraction of the pupils, oscillating motions of the iris; in the third stage, when pressure on the brain has set in, the pupils are dilated and the iris is immoveable. These symptoms are likewise subject to modifications; but as a general rule, dilatation of the pupils and slowness of the pulse indicate effusion into the ventricles of the brain. The younger the child, the sooner the convulsions will set in; in ordinary cases they first set in in the third, or even fourth stage, and they are frequently preceded, for a long time previous, by a slight

twitching of the facial muscles of the upper extremities, and by distortion of the eyes. Paralysis does not usually take place until the third stage. In the irritative stage the pulse is frequent and sometimes hard, in the third stage it goes down to forty-five or fifty, but afterwards, when the torpid fever sets in, it again becomes very frequent, feeble and irregular. In some cases the pulse remains accelerated during the whole course of the disease; slowness of pulse is one of the surest signs that pressure on the brain has set in.

It would require more space than I have to spare, if I would establish a comparison between acute hydrocephalus and the various diseases with which it may be confounded; a good many diseases run into hydrocephalus, and I must depend upon the knowledge and judgment of the reader for a correct diagnosis in particular cases.

The pathological alterations which result from acute hydrocephalus, are very numerous and varied. In cases where all the symptoms seemed to point to hydrocephalus, we sometimes discover only simple hyperæmia or engorgement of the meningeal membrane and substance of the brain. The brain is frequently compact, elastic, turgid, as if pressed into the skull, and, after taking off the skull-cap, protrudes beyond the borders of the skull. Sanguineous engorgement of the sinus, pia mater, and diploë. Serous effusion in the ventricles and between the membranes, accumulation of fluid, sometimes extending to the spinal canal; the serum is quite transparent, sometimes turbid, and if the disease run a slow course, the effusion is quite copious. If the disease should be very acute, the effusion is sometimes wanting. The quantity is from two to six ounces; generally it contains very little albumen. There is a plastic exudation consisting of yellowish, bright-green spots, on the pia mater, generally in the neighborhood of large venous trunks; at these places the pia mater adheres to the substance of the brain; isolated or confluent miliary tubercles are

discovered on the arachnoid membrane, on the whole surface of the hemispheres and in still greater number at the base of the brain. In many cases we see real tubercles in the brain, of the size of a cherry-stone to that of a nut. Sometimes the fornix, the corpus callosum, septum, the sides of the ventricles, and even the whole surface of the brain are found soft as cream. Hydrocephalus with effusion generally takes place in children that are upwards of three years old; in younger children there is no effusion, but softening of the brain; however, it is difficult to distinguish one from the other during the patient's life-time.

*Causes.* This disease occurs rarely before the sixth month, most frequently between the second and eighth year of age. Distinguished observers maintain the doctrine that the disease is hereditary in some cases. A predisposition to this disease may be created by intoxication, fright during pregnancy or lactation; but its most frequent cause is probably the hereditary psora of Hahnemann, which is as yet so little understood, and yet cannot be denied. A disproportionally large head, especially forehead and sinciput, sunken eyes, retarded closing of the fontanelles, indicate a predisposition for this disease; florid, lively, precocious children are likewise liable to it, and this predisposition is still increased by premature intellectual exertions. A cerebral irritation closely bordering on this disease, may be created by a premature development of the senses, imagination and intellect, by emotions, such as fright, fear of punishment, stimulating food or drink, and more particularly by long-lasting pains in the brain.

There are periods when the disease is so frequent that it may be considered epidemic. This is probably owing to physical or cosmic causes. Exciting causes are: concussion of the brain by a fall, blow, or some other mechanical injury, which frequently does not manifest its dangerous consequences until years have rolled by; ex-

posure of the head to excessive heat or cold, abuse of spirits, narcotics; all these circumstances cause a congested condition of the brain, which may lead to hydrocephalus. Other existing causes are: metastasis of exanthematic diseases or habitual secretions, scarlatina, measles, variola, crusta lactea, tinea, otorrhœa, scrofulous and other ulcers, sudden suppression of diarrhœa and dysentery, &c. Hydrocephalus acutus may likewise be occasioned by inflammatory affections of adjoining organs, erysipelas of the face, otitis, or by affections of the bowels, such as intussusception, or by whooping-cough, pulmonary tuberculosis, tight bandaging of children, retention of stool.

According to Hufeland the disease lasts from eight to twenty-one days. In some cases it terminates fatally so suddenly that it seems like apoplexy, especially after exanthematic metastasis, suppression of chronic eruptions, diarrhœa, dysentery. In such cases the serous effusion is not always found to exist in the dead body. The sub-acute form is the most frequent; the death-struggle sometimes lasts eight days.

Most authors are of opinion that it is only in the first stages of the disease that recovery is possible, which generally takes place towards the seventh or eleventh day and afterwards, accompanied by copious, critical, papescent, foetid, dark-green or brown evacuations; the urine becomes clearer, the nose and ears become moist, there may even be a discharge from the ears which may last for a long time, nosebleed, sweat, and, in some cases, a cutaneous eruption. The child becomes quiet, the sleep sound and refreshing. Such critical appearances and even the abatement of the cerebral symptoms are sometimes illusory, even if they should last a couple of days. Relapses are quite frequent.

The disease may become chronic, in which case we have: squinting, blindness, deafness with or without otorrhœa, imbecility, convulsions, epilepsy, hemiplegia,

chronic hydrocephalus. Where such chronic weaknesses remain, the disease is very apt to break out again, and then the children die in most cases. But such chronic weaknesses seldom take place; the children either recover completely, or die.

Death is more frequent than recovery, and generally takes place in the two last stages of the disease, in consequence of the blood or exudation pressing upon the brain; in the last stage the cerebral substance is softened.

The *prognosis*, even under homœopathic treatment, is not by any means flattering. A good deal depends upon the nature of the exciting cause. If caused by injury or exposure to the sun's rays, the disease is much less dangerous than when fright, narcotics or metastases have caused the inflammation; tuberculous meningitis is likewise very dangerous. The younger the child, the greater the danger; plethoric children are likewise in greater danger than weakly individuals. When occurring during the process of teething, or during some other critical period, or in company with gastromalacia, the disease is likewise very dangerous, and in the latter case always fatal. The more acute and intense the disease, the greater the danger; the danger is likewise very great when pressure on the brain has set in, but not all hope is lost. Some authors teach that there is no hope of recovery if the medicine does not produce an improvement in the first twenty-four hours; I am inclined to think, however, that this is not quite correct, that either the dangerous symptoms may continue for five or six days without any apparent improvement, after which the patient may nevertheless recover, or that there may be an apparent improvement for several days, and nevertheless the disease have a fatal termination.

Favorable symptoms are: breaking out of a warm sweat all over the body, during sleep, continuing for several hours, and totally different from the cold anguish-sweat which occurs on various parts of the body during



the soporous stage; dampness of the nose, otorrhoea, feeling of ease in the head, easy, undulating pulse, more copious urine.

*Unfavorable symptoms are:* apathy, irregular, sluggish pulse, vomiting, squinting, immobility of the pupils, amaurosis, coma with partial closing of the eyelids, greedy swallowing of food and drink, convulsions, hemiplegia.

*Treatment.*—Whatever might have a tendency to excite the disease, should be strictly avoided. Organic defects, of course, cannot be removed. In families where several children have died of this disease, it is advisable to employ a wet-nurse for subsequent children. It is likewise well to wash the child's head with tepid, and gradually with cold water, unless eruptions should forbid its use.

In the first stage of the disease, characterized by fitful mood, vertigo, sudden paroxysms of stupefaction when rapidly moving or raising the head, turbid urine, paleness, frequent change of color, loss of appetite, restless sleep with moaning, groaning, starting, rheumatic pains in the hands, feet, nape of the neck, which older children describe by words, and smaller children by grasping at these parts with the hands, crying, and boring with the head into the pillow; dry skin, alternate chills and flushes of heat, general languor: it is doubtful whether any remedy will effect more good than a dose of *Bryonia* 12th to 30th, which it is scarcely ever necessary to repeat.

If it be at all possible to save the patient's life, it is principally in the first and second stage of this disease. But in no stage of the disease do the symptoms vary as much as in these two, and it is therefore of the utmost importance to analyse them with the greatest care, lest the truly specific remedy should escape our observation.

The symptoms of the first two stages of the disease being very much alike, except that in the second stage they are more intense than in the former, I do not deem it necessary to treat of each stage in particular, but I



shall mention the remedies for these two stages in a lump, and the reader may select which ever may seem required by the symptoms.

In feeble and cachectic children with a scrofulous disposition *Pulsatilla* 12th to 30th will sometimes effect a striking change when the following symptoms are present: sudden change from a cheerful to a sullen, sad, whining mood, constant chilliness, loss of appetite, desire to be lying down or to lean the head on something, attacks of vomiting without any apparent dietetic causes, irregularity of stool, which is either delayed or loose, involuntary discharges of urine, or else turbid urine depositing mucus; weakness of the lower extremities, giving way of the knees; reeling, when walking, as from giddiness; frequent moaning and groaning, frightful visions, irritation of all the senses; a single dose of *Pulsatilla* is sometimes sufficient to remove these symptoms, except the scrofulous habit, which requires some other medicine.

*Zincum-metallicum* 30th, which is generally and very properly given in the last stages of the disease, is likewise an excellent remedy in the first two stages, if the following condition prevail: After dinner or towards evening the children become cross, wander during sleep, after midnight they are more quiet, and towards morning they are again cheerful. This state of things continues until the bowels become costive for several days, and a violent headache, generally in the forepart of the head sets in, which abates in a recumbent posture; the eyes become sensitive to the light, the nose becomes dry, retching, vomiting and an insatiable appetite set in; the urine, which is less copious, becomes turbid and loam-colored; towards evening a fever sets in, with frequent pulse, and a heat which causes anxiety and continues part of the night. There is less debility than for *Bryonia* and *Pulsatilla*, but muscular twitchings here and there.

The first stage is generally overlooked by parents, and

the physician is not sent for until vomiting sets in. Now the parents become alarmed, and speak of the vomiting as the only important symptom. The physician himself perhaps is not aware of the real nature of the disease, and he prescribes a remedy for vomiting, such as Ipec., Nux, Cham., Ant.-tart., Verat., Ars., &c. If the medicine should not happen to correspond with the general nature of the disease, which, however, is the case with several of them, the vomiting will continue, and the danger will become more apparent. The disease will now run into the

*Second stage of irritation*, or properly speaking the inflammatory stage, where *Belladonna* is undoubtedly the sovereign remedy. The Old School is deprived of the therapeutic virtues of this agent, simply because it does not know how to employ it in a proper dose. And yet there are few diseases of children, where it is not a useful and almost necessary auxiliary. Most all these diseases have an inflammatory character, resulting from the increased irritability of the vegetative sphere in the many critical changes which the infantile organism has to go through, and determining, as a necessary consequence, a higher activity of the vascular apparatus. This is the case with the infantile brain, which is endowed with such a high degree of irritability, that the most trifling cause may develop a most intense morbid process. On comparing the primary and reflex-phenomena of this cerebral irritation with our provings of *Belladonna*, we find that there exists a striking resemblance between these two series of phenomena, and that *Belladonna* must therefore be the specific remedy in this stage of the disease. When the fever is very violent, with delirium, burning pain in the brain, and other symptoms which correspond to *Aconite*, it may seem advisable to give a dose of this medicine, and I know that this has often been done with advantage; but I am nevertheless of opinion that, as a general rule, it is advisable to com-

mence at once with *Belladonna*, especially when the following symptoms are predominant: The head feels equally hot inside and outside, and is exceedingly sensitive, so that contact and motion of the head are painful and aggravate the headache, which is characterized by a pressure from within outwards as though the head would split; the fever, which is proportionate to the heat of the head, is characterized by a quick, strong pulse, burning thirst, intense action towards the surface of the body; in some cases, however, the fever may be more moderate, with a full and slow pulse and a remarkably pale face. A highly characteristic indication for *Belladonna* is the vertigo and dizziness, with desire to vomit, which are experienced on raising the head, and disappear again on laying it down. The general hyperæsthenia or exaltation of all the senses, especially the sight, smelling and hearing, the grating of the teeth, the difficulty of speech and the trembling of the tongue, are striking *Belladonna*-symptoms. Dark-colored and cloudy urine, and likewise a greenish urine, which I have seen in two cases, are important indications for *Belladonna*. The same may be said of the short, anxious, sighing, moaning breathing, which frequently precedes the exanthem of *Formey*. All these symptoms are the most important and truly essential indications for the exhibition of *Belladonna* in this disease, which should be given even if the phenomena of the reproductive sphere, and more particularly the abdominal symptoms, should be less in harmony with the known action of *Belladonna* in this respect. As regards the dose, I have to say that cures have been effected with all sorts of attenuations, from the 3d to the 30th attenuation, and even still higher. Let therefore every physician determine in his own judgment what attenuation is most suitable in every case, so as to effect a cure without producing any unnecessary aggravations. By repeating the medicine every two

three, four hours, the physician's conscience and the demands of art will be satisfied.

Although *Belladonna* is undoubtedly indicated when the above mentioned symptoms occur, nevertheless, every observing practitioner knows that in spite of the apparent homœopathicity of this drug, it will sometimes remain without any effect, and the disease will progress and gain in intensity. What this may be owing to, I am unable to say. Perhaps too much may have been done for the patient, an officious interference with the feebly-struggling reactive energies of the organism may have tended to prostrate and paralyse them; but it is my impression that the chief cause of the failure of *Belladonna* resides much more in the constitutional state of the patient, than in such external causes as an excessive or irregular temperature, over-nursing, and the like. In such a case *Bryonia* is sometimes an indispensable remedy, although it may have failed to afford relief in the first stage of the disease. But the boring with the head into the pillow, the sighing or moaning respiration are not the only valuable indications for *Bryonia*; other symptoms may have developed themselves with such an overwhelming intensity that the above mentioned symptoms may have seemed to lose their characteristic significance; among these new symptoms we distinguish: the perpetually chewing motions of the jaws, a burning-hot, dry skin, highly-colored urine, violent delirium, dry lips and tongue, distention of the abdomen, obstinate constipation; the excessive irritability of the organs of sense continues. The dose is the same as above.

Other groups of symptoms may occur which may indicate *Mercurius*, *Rhus-tox.*, *Arsen.*, *Stramon.*, *Hyosc.*, and other medicines, for the particular indications of which I refer the reader to the *Materia Medica*.

In the third stage, the stage of exudation, when the apathy and stupefaction prevail, we have used several medicines with success. The principal among them is

*Helleborus* 30th. After Belladonna and Bryonia had been given without effect, and the disease continues its course, *Helleborus niger*, according to Dr. Wahle, is indicated by the following symptoms: moderate fever, pulse feeble, not very rapid, rather soft and irregular; the breathing is labored, and sometimes interrupted by deep sighs; the patient seems to lie in a state of apathy, is unable to raise himself alone, grasps at his head involuntarily with his trembling hands, and lets it sink back upon the pillow the moment it is raised; frequent rubbing of the nose; the eyes are half open, pupils dilated, the eyeballs are turned sideways or upwards, the eyelids are convulsively moved all the time, forehead wrinkled and covered with cold sweat; no appetite, the patient only desires for drink, which is swallowed greedily and in large quantity, previous to and after which the jaws are kept in constant motion, as if the child were chewing; it easily gets angry, is still more irritated by kind persuasions, strikes at those who are near it; the face is pale and bloated; sopor is more frequent than consciousness and wakefulness; the child cries out a good deal, screams and howls; the nostrils become dirty and dry, the lower jaw is depressed. Dose, two or three globules 30th, which should be allowed to act for at least six or eight hours.

In this stage *Opium* may be of service, especially if the disease should be owing to exposure to the sun's rays, or to sleeping near a hot stove. The first two stages are sometimes entirely wanting, and the symptoms of cerebral irritation, sudden failing of strength, weakness of the voluntary muscles, stupefaction, comatose sleep, during which the face looks red and bloated, and the half-opened eyes roll to and fro, develop themselves with surprising rapidity. These symptoms may be owing to a mere sanguineous engorgement of the cerebral vessels and consequent pressure on the brain; but even in such a case, *Opium* will remove the diffi-



culty. The most suitable dose is a small portion of a drop of the 6th atten.

I am unable to say how *Arnica* should have acquired such a high reputation in hydrocephalus. According to my experience its power of absorption in this disease is very limited. Only such cases as owe their origin to traumatic causes, such as a fall, blow, &c., come properly within the curative sphere of *Arnica*, 6th to 12th. If *Arnica* should not suffice, *Conium* 12th to 18th, may be given to complete the cure. In all other cases *Arnica* is of no avail, and even in such cases of traumatic hydrocephalus as develop themselves a long time after the injury had been inflicted, *Arnica* is insufficient. In such cases it will be necessary to use *Conium*, which may likewise have a good effect in the preceding stages, when there is a constant feeling of stupefaction, which obliges the patient to lie down, feeling of fullness in the head, sensation as if a large foreign body had lodged in the right hemisphere, extreme sensitiveness of the brain, which is painfully shaken by the least noise or conversation, painful sensation of looseness on shaking the head, remarkable sensitiveness of the eyes to the impinging rays of light, &c. In general the various typhoid and febrile symptoms, which occur in hydrocephalus, and are distinguished by their peculiar character, are well calculated to direct the physician's attention to *Conium*.

Gœlis recommends *Digitalis purpurea* in this stage of the disease; but his recommendation is probably based upon the diuretic properties of *Digitalis*, or upon the supposition that hydrocephalus is sometimes depending upon an affection of the heart, for which *Digitalis* may happen to be the remedy, and the cure of which involves, of course, the cure of the cerebral disease. I confess that my experience in this malady is much less favorable to *Digitalis* than to

*Cina* 6th to 12th, especially if the disease seems to be caused by, or complicated with worms. But this



very general recommendation should not lead the beginning practitioner to give Cina without a careful analysis and comparison of the symptoms. The worm symptoms which indicate Cina, are of such a nature that they may likewise indicate hydrocephalus; such symptoms are: crying and moaning, when the child is to be touched, heaviness in the limbs, stupefying head-ache with luminous vibrations before the eyes, compressive sensation in the forehead, with swashing sensation in this part on shaking the head; alternation of the cerebral and abdominal symptoms, the former disappearing as the latter make their appearance; nausea and vomiting, or even diarrhoea after drinking hastily; loss of appetite, alternating with a sudden voraciousness; turns of fainting, tottering, imbecility; boring in the dry nostrils, wetting the bed at night, turbid urine, &c. These symptoms might denote hydrocephalus, and a few doses of Cina will remove them.

The high attenuations of *Mercurius-solubilis*, deserve to be mentioned in connection with this stage of hydrocephalus, not so much on account of the vermifuge properties of Mercury, as because it favors the resorption of the exudation. It is not my intention, however, to praise it more than it deserves.

Formerly *Sulphur* was only given in this disease, when no other medicine seemed to be of any avail. The idea was to rouse the dormant reaction of the organism, and to prepare it for the action of the more specific remedies, which had so far been given without effect. But this course is blind and irrational routine; for it is evident that, if Sulphur have the power to cause the organism to be acted upon by other therapeutic agents in a disease of this kind, it must be because Sulphur is capable of exercising a curative influence over the disease itself. And indeed, who that is acquainted with the physiological nature of Sulphur, and with the symptoms which characterize its action upon the healthy organism, does not see

that it is homœopathic to hydrocephalus ? The unsteady gait, the headache, the pressure, the heaviness, the tension, the constrictive and tearing sensation in various parts of the head, the striking of the brain against the skull at every motion of the head ; it is undoubtedly these and similar sensations that induce the boring with the occiput into the pillow. The sleep-symptoms of Sulphur, such as starting during sleep, especially in the evening when the child is on the point of falling asleep, crying out during sleep, violent headache disturbing the sleep, sleeplessness, or a very light sleep, with unintelligible muttering, moaning, snoring, delirium, or else an irresistible drowsiness, likewise belong to hydrocephalus. The febrile symptoms are less marked, but sufficiently so to correspond with the very variable fever-symptoms of this disease. The pale face, the obstinate constipation, the turbid urine, or else urine, which becomes turbid after standing, and deposits a white-mealy, or red-sandy sediment, these and other symptoms are likewise quite characteristic. These symptoms show that Sulphur possesses in an eminent degree the power of modifying the hydrocephalic condition in this and the beginning of the subsequent stage, where it is indeed sometimes left us as the only remedy. I know that by means of Sulphur, I have saved lives in this disease, when all other remedies had failed, but I never gave it lower than the 30th attenuation, dissolving one or two globules in water, and giving half a tea-spoonful, or a whole tea-spoonful every two or three hours ; and it is my belief, that a higher potency will prove still more efficient. I am fully convinced, that a dose of Sulphur will not do any harm in any stage of this disease, and if given in the first two stages, it will have this good, that an improper change of medicines will be avoided. This is a great advantage, and another is that the indications for the next remedy will become so much more distinct and positive.

Inasmuch as a cure is still possible in this stage of the disease, and Sulphur may have remained without effect, we shall have to think of some other suitable remedy, and this will be above all others *Calcarea-carbonica* 30th. The children either cease to complain, or else their complaints have become so indefinite and unintelligible, that it is impossible to base the choice of a remedy upon such an uncertain foundation. *Calcarea* is indicated by the same symptoms and circumstances as Sulphur. The more characteristic indications for *Calcarea* are : automatic tremulous movements of the hands towards the head, from which we may infer the presence of the stupefying distress, and the painful pressure from within outwards. The head may be either hot or cold, internally as well as externally, and the pupils dilated ; all these conditions belong to *Calcarea*. Other indications are : apathy, dulness of the senses, except perhaps the hearing, hurried pulse without much fever, difficulty of speech, cracked, parched tongue and lips. To be sure, the chances of recovery are very trifling after Sulphur, but inasmuch as the patient's death seems inevitable at this period of the disease, and no other medicine can do the least possible good, we risk nothing by giving *Calcarea*, which still holds out a trifling chance of saving the patient's life. It is to be given in the same way as Sulphur.

In the *fourth stage*, which is that of torpor or paralysis, all hope of recovery seems useless. We have no means to reach this perfect prostration of all nervous energy, this stupor, this coma and the like. In typhus, such symptoms are not near as significant as in hydrocephalus, where they seem to result from a mechanical oppression of the nervous system, which we are unable to remove. Nevertheless, we may try to palliate the condition of the patient ; we may give *Opium* 6th, for the alarming soporous condition, with stertorous breathing and half-closed eyelids ; *Chamomilla*, *Ignatia*,

*Ipecacuanha*, for the spasms; *Stramonium* and *Moschus* for the dyspnœa and the spasms in the chest; and to appease the convulsions and the opisthotonos, we may hold a solution of camphor under the patient's nose. For colliquative symptoms *Arsenic*, *Rhus* and *Lachesis*, are the best remedies.

NOTE BY DR. HEMPEL.

Characteristic indications for *Hyoscyamus* in this disease, are furious delirium with evening exacerbations.

b.) *Chronic Hydrocephalus.*

The treatment of this form of hydrocephalus being the same as that of the acute form, all that remains for me to do, is to point out the differences that may occur between the two forms of this disease.

Chronic hydrocephalus runs a slow course, which may last months and even years. In most cases it is congenital, or it develops itself a few days after birth, the head increasing rapidly in size, and the face looking smaller and thinner in consequence. The fontanelles become wider, the sutures are pressed asunder, and the forehead sometimes overhangs the eyes. Symptoms of cerebral irritation are few or entirely wanting, and there is little or no pain. Symptoms of pressure on the brain, such as imbecility, dulness of the senses, paralysis, dilatation of the pupils, &c., exist from the moment the disease first sets in. The general organism gradually becomes involved; the emaciation, especially of the extremities, neck and back, becomes more and more evident, whereas the abdomen remains distended. The urine is scanty, but generally pale, without sediment. The breath has no smell. Flow of saliva. Imbecility exists only in some cases; in most cases the intellect is not impaired.

Congenital hydrocephalus is generally accompanied by malformation of the brain, which is sometimes entirely wanting; it sometimes happens that the skull is as thin

as a sheet of paper, transparent and flexible ; at other times they are disproportionately thick. The quantity of water is sometimes extraordinary, especially when the brain is wanting, except perhaps the cerebellum, the pons-varolii and the medulla-oblongata. In chronic dropsy of the ventricles the interventricular septum is generally wanting, and large portions of the brain, especially at the base of the brain, and in the cerebellum, are likewise gone. The cerebral nerves are generally normal. In most cases the cerebrum is softened, the convolutions of the brain are obliterated, single portions of the brain are atrophied, or there are tubercles in the brain.

It is not always easy to diagnose this disease, especially when the size of the head is not increased or even seems smaller than natural. Under such circumstances the collateral symptoms will throw light on the case. The eye which had only a faint lustre, becomes dimmer, the eyes run continually, and a purulent mucus is secreted in the canthi ; the nose is dry, the smell is in many cases gone, but the hearing is sometimes excessively acute, so that a shrill sound will excite even convulsions. When the disease continues for a long time, the memory fails, the face has an expression of imbecility, which is still increased by the continual flow of saliva from the half-opened mouth. The abdomen seems in a natural condition, the cutaneous secretion is suppressed, stool slow, likewise the urine which is finally entirely suppressed. The emaciation goes on increasing in spite of a good appetite and sound sleep. In some cases we notice habitual drowsiness, momentary catalepsy, vomiting. The motions of the extremities are somewhat mechanical ; the hands are carried to the mouth, and the child sucks its fingers ; the legs are drawn up to the abdomen crosswise, with the toes bent. The voice, which first has a nasal twang, afterwards becomes hoarse, indistinct, and has a dull and lachrymose sound. Pulse and respiration remain normal, except at a later period. Larger children,



in walking, place one foot directly in front of the other, which causes them to stumble and fall. Finally deglutition becomes difficult, the extremities become cold, and life is destroyed by apoplexy. A characteristic symptom of chronic hydrocephalus, according to Gœlis, is stupefaction on shaking the head, and sometimes a comatose weakness accompanied by convulsions. This symptom distinguishes chronic hydrocephalus from rhachitis, where the occiput is sometimes found softened.

The medicines which have been recommended for acute hydrocephalus, are likewise available in the chronic form, but especially Bryonia, Zincum, Sulphur, and Calcarea. Among the symptoms of *Indigo*, there are many which seem to correspond with chronic hydrocephalus. I have never tried it, but I deem it proper to direct the attention of physicians to its therapeutic properties in this disease, which is generally supposed to be incurable, and certainly requires more than one remedy to remove it.

Most of the above mentioned remedies are likewise useful for a so-termed *large head*, and the retarded *closing of the fontanelles*; particular attention deserve *Pulsatilla*, *Calcarea* and *Silicea*.

### c.) *Hydrocephaloid Disease*.\*

This disease was first described by Marshall Hall in 1846, (see Marshall Hall, on Bloodletting, (London.) He showed that weakly patients may be attacked with symptoms of cerebral irritation in consequence of chronic diarrhœa, depletions or other debilitating causes. He distinguishes the irritable and torpid stage.

*First stage*.—Excessive irritability and restlessness; fever, red face, hot skin, frequent pulse; extreme excitability of all the senses, starting when touched or hearing a noise; moaning and crying during sleep; flatulence

---

\* A beautiful essay on this disease, with cases from practice, will be found in the Homœopathic Vierteljahrschrift, II., No. 4; written by Dr. J. Schweikert of Breslau.



with distention of the abdomen ; occasional vomiting ; copious slimy stools. If the disease should not be properly managed in the first stage, it will run into the

*Second stage*, with unmistakeable symptoms of exhaustion. The face becomes cold and pale ; the eyelids are half closed ; the eyes do not look steadily at any thing, even when held before them ; the pupils are insensible to the light. The breathing is irregular and moaning, voice hoarse ; at times there is rough, troublesome cough ; finally the breathing becomes rattling ; stools green ; feet cold ; pulse small, frequent ; lastly, coma.

The difference between this disease and acute hydrocephalus results from this, that the former depends upon debilitating influences, and the latter upon positive irritation of the brain. In acute hydrocephalus the patient has a florid, and in the present disease a debilitated leuco-phlegmatic appearance. In the former disease we have constipation, in the latter diarrhœa.

*Schweikert* mentions *Phosphorus*, *Zincum* and *Calcareæ*, as the principal remedies for this disease. *Phosphorus* and *Calcareæ* have been used by myself with success, likewise *Phosphoric-acid* and *Calcareæ-acetica*. I used these two last named remedies at a time when the name of the disease was not yet known, and I do not like to part with them even now. I cannot persuade myself that the symptoms, which characterize the first stage of this disease, are as dangerous as Marshall Hall would have it. Such symptoms occur quite frequently in the first year or two of the child's life, especially during the period of teething or some other critical period, after weaning the child for instance, when they may be caused by improper diet, &c. A frequent cause of such symptoms is undoubtedly the excessive use of allopathic drugs, which weaken the child and irritate its delicate brain. My advice to the homœopathic physician is not to allow himself to be led away by the mere name of hydrocephaloid disease, but to prescribe his remedy in

strict accordance with the homœopathic law, "*similia similibus*." If this condition should have been induced by debilitating causes, an acute disease, loss of fluids, &c., it is undoubtedly advisable to have the child nursed again by a healthy person, or if this should not be feasible, to feed the child on cow's milk diluted with one-third or one-half of sago-water. Suitable remedies, such as *China*, *Acidum-phosphoricum*, *Calcarea*, may likewise be employed. The dose will depend upon the constitution of the patient and the intensity of the symptoms, but it will seldom be necessary to go below the 12th attenuation. If these medicines should not meet every case, we may select among those which have been mentioned in the two last chapters, to which may be added *Veratrum*, *Acidum-sulphuricum*, and *Hepar-sulphuris*.

d.) *External Chronic Hydrocephalus*.

Gœlis, distinguishes three forms of this disease. First, the *cellular* form; the skin has a natural color, is not hot, but transparent; on pressing upon it with the finger, it leaves a pit; the œdema frequently extends to the face and nape of the neck, and the eyelids likewise look swollen. Secondly, the *aponeurotic form*; here the exuded fluid is under the skull-cap, the swelling feels harder and more elastic than in the former variety, and no pit is made on pressing with the finger. This second variety is generally confined to the region of the parietal bones. Thirdly, the *periosteal* or *pericraneal variety*, which is very rare, according to Gœlis. It is difficult to distinguish it from the former by the feeling; generally the swelling is firm, almost always small, of the size of a pigeon's egg, and is scarcely ever seen except as a symptom of a general cachexia.

The symptoms will tell if there should be a complication with internal hydrocephalus. It is probably produced by the same causes as the internal disease. Special causes are: suppression of tinea and crusta lactea, expo-

sure of the bare head to the sun's rays, sudden change of temperature, and in the case of new-born infants, considerable displacements of the bones of the skull.

If uncomplicated with other symptoms, external hydrocephalus is not a dangerous disease, except the periosteal variety which is generally accompanied by symptoms of constitutional irritation, and may terminate in caries of the bones of the skull.

For the treatment, I refer the reader to the chapter on swellings of the head, in the first part of this work. The principal remedies are : *Arnica*, *Rhus-t.*, *Helleborus*, *Belladonna*. These remedies will, however, not do for the periosteal variety. Here the hardness of the swelling disposes us, before thinking of a watery exudation, to diagnose an osseous tumor, an exostosis, and this leads us to suspect a syphilitic, mercurial, herpetic or some other dyscrasia, and to give *Mercurius*, *Aurum*, *Acidum-phosphoricum*, *Hepar-sulphuris*, *Sulphur*, *Calcarea*, &c. I deem it unnecessary to give particular indications ; and if this form should be complicated with other ailments, the reader will find them, whatever they may be, fully explained, and their treatment described, in other parts of this work.

11.) *Meningitis Spinalis, Myelitis ; (Inflammation of the Spinal Meningeal-membranes and the Spinal-marrow.)*

This disease occurs more frequently in childhood than at a later period ; and it is one of those diseases, where the physician should depend upon his own observation, and not upon the statements of the patient.

Meningitis spinalis and myelitis cannot be separated ; the inflammation of the membranes and the substance of the spinal marrow always co-exist, and their symptoms are generally intermingled. Goëlis, gives the following symptoms as infallible indications of this disease : the child lies in bed stretched out, the upper arms close to

the body; the forearm is more moveable, especially the wrist-joint; the hand can be laid on the chest, but can rarely be carried to the mouth. The lower extremities, which are likewise stretched out, are also lying close together, and every attempt to separate them, seems to cause pain, and makes the child cry. This is likewise the case when the child is taken by the shoulders, or when an attempt is made to turn it. In the commencement of this inflammation there is a characteristic disposition to diarrhœa; but as the inflammation becomes more intense, the diarrhœa ceases, and convulsions and tetanus set in. There is always a pain in the spine, likewise fever and difficulty of breathing. Other physicians have noticed, from the first, retention of stool and urine, especially the former. These two symptoms indicate an incipient reaction, (or a sympathetic irritation, *Hempel*,) of the organism, which may likewise be said of the following: chills, heat, especially along the spine, hurried pulse, increased temperature of the skin, dryness of the secretory organs, except the skin, which is sometimes covered with profuse sweat; insensibility of the whole or parts of the skin, dysphagia, palpitation of the heart, dyspnœa, trembling of the extremities and the head, except during sleep, spasmodic sensations and numbness of the lower extremities. When the disease has reached its acme, we have tetanus, trismus, &c.

According to Friedreich (see Schmidt's Jahrbücher, vol. II., p. 77, and vol. III., p. 231), myelitis may be diagnosed from the following symptoms: The spinal marrow is affected in every case of paralysis which is not caused by external injuries. It is only in those parts of the body that are situated below the affected part of the spine, where we see spasm and paralysis, never in those parts that are situated above the affected part. This marks the line of demarcation between the sound and diseased portion of the spinal marrow. Hence, when the inferior portion of the marrow is affected, we have para-

plegia of the lower extremities, the anal and sacro-iliac region, the bladder, the rectum; when the superior lumbar or the inferior dorsal portion is affected, we have insensibility of the abdominal integuments, contractions and intussusceptions of the ileum; in inflammations of the superior dorsal portion, we have dyspnœa; and an inflammation of the cervical portion leads to convulsions and paralysis of the arms, paralysis of the diaphragm and death by asphyxia.

Myelitis generally runs the following course: The children become irritable, cross, languid, indolent, lose their appetite, grow pale, feel all the time chilly, and are occasionally attacked with vomiting. When in bed, they lie on their backs, do not care about any thing, not even things that used to give them pleasure, and they scream when an attempt is made to lift them, were it ever so gently. As the disease increases, they cry without any apparent cause. The face and sinciput are cool, the nape of the neck is hot. The eyes look dim; the pupils, which are moderately contracted, dilate in the dark. Pulse rather hard, but slow; respiration deep, slow, moaning; bowels costive, sometimes a greenish-diarrhœa. From these symptoms it is difficult to infer the existence of the disease, but the symptoms of the second stage, especially the contractions of the posterior cervical muscles, which are at first so slight that they only amount to a trembling of the head, but afterwards become so violent that the head is constantly drawn backwards as long as the inflammation lasts, show the disease more plainly. Now the patients begin to complain of drawing pains in the extremities, which might cause one to confound the disease with rheumatism. Febrile motions set in, flushes on the cheeks, restlessness, headache, constant moaning, hurried and unequal breathing. The drawing pains in the back and small of the back, which now make their appearance, are aggravated by pressure on the vertebræ, from which inflammation of the menin-



geal membranes is inferred. In the third stage the fever decreases, and the phenomena which have been described by Friedreich, make their appearance according to the locality of the inflammation, to which we may add that when the medulla oblongata or the cervical portion of the spinal marrow is inflamed, the patients complain of violent throbbing in the head and nape of the neck ; in inflammation of the thoracic portion, of violent spasmodic cough and anguish ; in inflammation of the lower portions, of diarrhoea and paralysis of the lower extremities.

Recovery takes place amid critical sweats and discharge of urine. In case of a fatal termination, debilitating cold sweats break out, the eyes which are surrounded by blue margins, retreat into their sockets, the eyes squint or stare, the pupils are dilated, the cornea becomes dim, the conjunctiva secretes a tenacious mucus, the face has the color of wax ; the respiration becomes unequal, and death takes place with trismus or opisthotonos. (*Meissner.*)

In *chronic* myelitis the symptoms are less violent, but the disease terminates more frequently in dropsy of the spine, whereas acute myelitis terminates more frequently in suppuration and softening. This, however, is rather speculative, and not yet confirmed by experience.

*Causes.*—Young people with robust constitutions are particularly exposed to acute myelitis. According to Harless, chronic myelitis is not by any means a rare disease among new-born infants and children of a year old. The most frequent cause of the disease is mechanical injury, a fall, blow, contusions of the spine, concussions, dislocations and fractures of the vertebræ ; likewise a cold, exposure to wet, rheumatism. It may likewise be occasioned by metastasis of variola and scarlatina, in which case the disease runs a very acute course ; or sudden suppression of some chronic eruption may likewise cause it.

Under allopathic treatment children affected with



this disease generally die. If the disease should be mismanaged, or not properly understood, it might likewise terminate fatally under homœopathic treatment. Tetanic paroxysms are generally the precursors of death. The inflammation of the lumbar portion is the least dangerous; that of the dorsal and cervical portion more so; but the greatest danger is when the whole marrow is inflamed. When the lungs and brain are involved, death seems quite probable.

*Treatment.*—If the disease should arise from mechanical injury, and this is its most frequent cause, *Arnica* is undoubtedly the best remedy. On reading over the symptoms of *Arnica* we shall find that a great many of them distinctly point to inflammatory affections of the spinal marrow. *Arnica* has laming and bruising pains in the back, tension and tearing, weeping, painful pressure, painful weakness of the back, aggravation of the pains by movement, pressure, talking, &c. *Arnica* is likewise indicated by the robust constitution and an excess of irritability and sensitiveness when accompanied by the above-mentioned symptoms. The best method of giving *Arnica* is to dissolve a few globules of the 6th to the 12th attenuation, and to give a dose every two or three hours.

Jahr recommends *Dulcamara* as the best remedy for myelitis. This is certainly true in regard to myelitis caused by a cold, exposure to wet, metastasis of acute cutaneous eruptions. It is likewise indicated by the symptoms when the cervical or lumbar portion of the spinal marrow is principally affected, even in case exudation should have set in. I give the 3d to 6th attenuation in repeated doses.

If the inflammation should have been caused by getting the feet wet or being exposed to the rain and getting wet to the skin, *Rhus-tox.* 18th, may perhaps deserve a preference over *Dulcamara*. In the first stage *Rhus* is indicated by the drawing, stitching pains in the nape of

the neck and whole back, the pain as from stiffness and as if sprained, the characteristic fever with diarrhœa, the restlessness and depression of spirits, and in the second stage by the paralytic symptoms or even the paralysis, the gradual extinction of functional power. *Bryonia* may seem to promise good effects, especially when the disease has the character of inflammatory rheumatism; I think, at least, that the cases where I employed *Bryonia* with advantage, might have been taken for rheumatism. The 12th to the 18th attenuation is the most suitable.

*Belladonna* 30th, is equivalent to *Dulcamara* when the disease breaks out immediately after scarlatina, or when, during epidemic scarlatina, the scarlatina does not develop itself, and myelitis sets in in the place of the eruption. It is of great importance to establish a careful comparison between *Belladonna* and *Dulcamara*. Sometimes the only means of deciding between these two remedies is the fever. This is sometimes so violent that *Aconite* may have to be given, which not only corresponds with the fever, but also with the disease; and afterwards, if there should still be a remnant of fever, we may give *Belladonna*. This may likewise prove useful in chronic myelitis; but in such cases *Nux-vomica*, especially when abdominal symptoms are present, should not be neglected; *Pulsatilla*, *Veratrum*, *Bryonia*, &c. likewise deserve our attention.

*Dropsy of the spine* is a sequela of myelitis, and according to Schönlein, is known by the following symptoms: The patients gradually experience a weakness, numbness and coldness in the lower extremities which are still tolerably fleshy. When standing, the patients spread their legs, and stand on the balls of the toes rather than on the soles in order to keep themselves from falling. Gœlis first observed a tottering gait, the child drags the leg along, describing with it a semi-circle and first pressing the heel to the floor; little by little the

gait becomes more and more unsteady, until finally the child is unable to walk without being supported. In the lumbar portion of the spine, the patients experience a coldness, no emaciation, no projection of the spinous processes, no displacement of the vertebræ, no pain to pressure, in short no morbid alteration whatsoever. Gradually the pelvic viscera show symptoms of paralysis; it becomes difficult to emit the urine, there is less of it, the stream is interrupted and finally the urine is discharged in drops; the bowels remain bound for several days.

The sequelæ of myelitis, to which softening and thickening of the medulla should be added, are best combated by Cocculus, Rhus-tox., Dulcamara, Causticum, Arsenic, Lachesis, Digitalis, Staphysagria.

### 12.) *Otitis, (Inflammation of the Ears.)*

Meissner observes very justly that this inflammation frequently exists in children without being noticed, and it is therefore of the utmost importance, to be thoroughly acquainted with the symptoms of this disease.

The inflammation of the outer ear is known by the redness and swelling, and, generally, is not very painful. After such an inflammation has lasted for a time, a fœtid discharge from the ear sets in, of a serous, mucous, bloody, purulent, bright-green or ichorous consistence. Larger children complain of a ringing and buzzing in the ears, which seems to be very troublesome and impairs the hearing. In most cases there are lancinating pains striking to the inner ear and the teeth. Sometimes a number of purulent vesicles are seen in the meatus auditorius. There is no fever except when the inflammation is high, and in such cases the patient complains of headache and sleeplessness.

If the inflammation should penetrate to the tympanum, or if the inner ear should be affected from the beginning: the children keep up a constant moaning, they have no

rest, and even if they should seem to slumber now and then, they start from their sleep with a violent cry, and it is almost impossible to pacify them. The pains seem to be aggravated by rocking the children on an uneven floor, balancing them on the hand, &c., and then the little patients cry continually. Lying on the sick ear seems to afford more relief than any thing else. Infants suffer pain from drawing the breast, larger children from chewing; coughing, sneezing and blowing the nose increase or excite the pain. In this inflammation the pain is more deep-seated and extends to the adjoining parts; the children complain, for instance, of sore throat, and the tonsils are swollen. If suppuration should set in, the pain becomes intense and dull, until the tympanum is pierced by the pus, and this is discharged in considerable quantity, which affords great relief. If the suppurating process should continue for a long time, the ossicula become carious, and pus is discharged into the cells of the mastoid process, which becomes painful in consequence, and still more so when pressure is made upon it. The consequence of this destruction is not only deafness, but a cerebral affection likewise develops itself. A characteristic sign of internal suppuration is the discharge of a thick, bloodstreaked matter, which takes place suddenly as soon as the tympanum is torn. This inflammation, and indeed all inflammations, is accompanied by fever from the commencement of the disease, but it has an erethic character. As a general rule it is accompanied by cerebral symptoms, sometimes by general and partial convulsions of the facial muscles, eyes, with flushed face; the pulse becomes small, extremely rapid and intermittent, the voice becomes more and more feeble; finally coma sets in, the extremities and face become cold, and death ensues, with convulsions or apoplexy. Such a fatal termination is an extreme case, and probably only takes place, when an affection of the brain supervenes; otherwise otitis is not likely to terminate fatally, for it is ge-

nerally a slow disease, with marked evening exacerbations. After a shorter or longer period the ears discharge a foetid substance, and the pain is then much less. Whenever the inflammation has this termination, the sense of hearing generally remains impaired, and the inner ear is partially destroyed.

Otitis cannot well be confounded with meningitis, to which it is somewhat similar. Meningitis is always accompanied by high fever and determination of blood to the head, and by a soporous condition, which is never present in the same degree when the pains, were they ever so violent, are purely external, as is the case in otitis; in meningitis we have moreover gastric derangements, vomiting, obstinate constipation, &c.

*Causes.*—In infants an inflammation of the ear is sometimes caused by the cheesy mucus which collects out of the amniotic fluid, and which, having collected in the ear, was allowed to remain there and to produce an irritation of the mucous membrane which terminated in inflammation. This may likewise be caused by indurated cerumen. The most frequent cause is exposure to sharp winds and a draught of air, or washing with very cold water in a very hot room. Otitis not unfrequently occurs by metastasis after an injudicious suppression of habitual discharges and eruptions, and this is one of the most dangerous forms, on account of the encephalitic symptoms which easily supervene. During the period of teething, these inflammations occur quite frequently. They may likewise be caused by insects getting into the ear, and depositing eggs, which give rise to new entozoa that irritate the inner ear. The psoric and syphilitic miasms belong to the most frequent causes of otitis.

The *prognosis* depends upon the age and constitution of the patient, upon the exciting causes, the intensity of the inflammation, upon existing complications, &c.

*Treatment.*—If the disease should have been caused by mechanical irritants, they ought to be removed,



otherwise it is impossible to cure the patient. But whatever may have been the cause of the inflammation, *Pulsatilla* is in every case the principal remedy. In this disease it suits every temperament and every constitution, and is not even counter-indicated by a variety of symptoms which are not found among the physiological series of *Pulsatilla*-symptoms. This medicine seems to be emphatically adapted to the conditions of childhood, and certainly suits it better than any other medicine I know of. When I first used *Pulsatilla* in otitis, I was guided by the subjective symptoms, the painful sensations experienced by the patient. These, after all, constitute the genuine disease which we are required to cure. Modern pathologists overlook the true character of disease, which is the deranged condition of the nervous system; for them the morbid process consists in a series of chemical and microscopical changes or pathological alterations, which are not recorded in our *Materia Medica*, and threaten to swamp it, unless we guard in time against the seductive charms of this illusory science.

A chief reason of employing *Pulsatilla* in this disease, is the manner in which it affects the mind and temperament of the prover, which closely resembles the state of feeling in which we find a patient suffering from otitis. The mental phenomena are in all cases of great importance to a homœopathic practitioner, but especially in cases where *Pulsatilla* is the specific remedy, and more particularly in a case of otitis. Here we have moaning, and a still, silent mood suddenly alternating with weeping, despondency and anxiety; sensitiveness and irritability of temper; marked evening-exacerbations, generally attended with an indescribable headache, but which must be very intense, for the children are unable to raise their heads on account of it. Other indications for *Pulsatilla*, both for the inflammation itself and its consequences, are heat, redness and painful swelling of the outer and inner ear, interstitial distention of the ossicula aurium, puru-



lent discharge from the ears, buzzing and tingling in the ears, deafness, &c. The inflammation is sometimes so intense that the patients lose their consciousness, they cry and become delirious, the pulse is full and bounding, and the skin very hot ; but the paleness of the face and the nature of the delirium, which is bland, distinguish the disease from encephalitis, and the totality of the symptoms will point out *Pulsatilla* as the true remedy, which may be administered in the 12th attenuation.

Although *Pulsatilla* is such an admirable remedy for otitis, yet it is not the only one. *Belladonna* is another distinguished remedy for this disease, especially when it develops itself after acute or suppressed chronic exanthem and the symptoms of a metastatic cerebral derangement seem almost more prominent than the otitis itself; the delirium almost borders on rage, the face is very red, the external inflammation, the burning heat and swelling are much more intense. A few globules of *Belladonna* 30th, may be dissolved in water, and a dose given at suitable intervals.

It will happen, although rarely, that otitis has an erysipelatous character even at this early period of human life; in such a case *Rhus-tox.* 12th, has helped me out.

If the disease should be complicated with a psoric or syphilitic dyscrasia, other medicines will have to be given, beside the above; the principal among such medicines are : *Hepar-sulphuris*, *Sulphur*, *Dulcamara*. *Magnesia-carbonica*, *Borax*, *Mercurius*, *Nitri-acidum*, *Sepia*, &c.

## CHAPTER XXXII.

## SPASMODIC DISEASES.

- 1.) *Asthma Millari, Asthma-thymicum, Laryngismus-stridulus, (Spasm of the Glottis, Spasmodic Asthma.)*

To give a detailed account of the different views and opinions which authors entertain of this disease, would lead me too far. I shall therefore content myself with that which is strictly necessary to a proper understanding of the treatment. My excuse for uniting the asthma Millari and the asthma thymicum under the same head, is the vagueness of the symptoms, which are sometimes so mixed up in nature that it is difficult to say which belong to one and which to the other variety.

The characteristic symptom of asthma laryngeum is a sudden and violent stoppage of breath for a few minutes, after which the children resume the breathing with a shrill cry. We distinguish several grades and periods in this disease.

The lowest grade is a common stoppage of breath which is apt to befall children of a vehement temper, after they are nine months old, every week, fortnight, or even every few months. The attack generally comes on after a violent crying spell or a fit of rage, and soon passes off again.

In a higher grade of the disease the spasm sets in suddenly, generally on waking from sleep, or after fright, chagrin, crying, laughing, swallowing liquids, or after a cold, and sometimes without any perceptible cause. The attack commences with a wheezing, extremely fine inspiration, sometimes several in rapid succession; it is a panting sound, and shows that the air has to be squeezed through the contracted rima glottidis with great difficulty; soon the breath stops entirely; the children have

to make the most violent exertions in gasping for breath, they turn pale, blue; a cold sweat breaks out on the forehead, the pulse is small, until the spasm, after having lasted from half a minute to ten minutes, terminates in a shrill, sonorous, crowing expiration, and the breathing is resumed, accompanied by continual crying. Afterwards the children look frightened, soon fall asleep, and, on waking, feel well again, with the exception of a little weakness.

Otherwise no unpleasant symptoms are perceptible, either catarrhal, feverish, or rheumatic; in a few cases we have cough and difficult respiration between the paroxysms; the appetite is good, and only now and then the digestion is deranged, the abdomen distended and the bowels loose. At first the paroxysms are not frequent, come on only at night, after the child slept a few hours; gradually they become more frequent, and occur even in the day-time.

The second period of the disease has also been termed the convulsive stage. In this stage the spasm is not only confined to the respiratory organs, but also to the muscles. At first these become rigid, the carpal and tarsal joints are bent inwards, the thumbs are drawn in, the hands are clenched, and, on being opened by force, they at once close again. The spine is bent backwards, the eyes stare and are rolled upwards, the urine and fæces are discharged involuntarily, the tongue protrudes and hangs out at the mouth over the lower lip, the beats of the heart become irregular, intermittent, the extremities are cold, the face distorted. In this stage of the disease, convulsions, spasms of the extremities, clenching of the thumb, &c. are sometimes the immediate precursors of the spasm of the rima glottidis. During the intervals between the paroxysms the children remain more or less sick; they look pale, remain weak and drowsy, cross, languid; their sleep is restless and frequently interrupted by starting; pulse and respiration continue hurried, a pale

circumscribed flush is seen on the cheeks, the strength fails more and more, and the hectic fever becomes more and more distinct.

Some observers note moreover the following symptoms: previous to the spasm setting in, things which the children swallow, are apt to get into the larynx; the children cry, are restless, start as if in affright; the inspirations are characterized by an unusual length, there are paroxysms of anxious and oppressed breathing, which pass off very speedily, and sometimes intermit whole days; excessive irritability; or several days previous to the attack, slight tonic spasms occur, and the stool is globular and remarkably dry; sometimes a rattling in the windpipe is heard shortly before the paroxysm, &c. (*Canstatt.*)

This form of asthma is distinguished from croup by the absence of all fever during the intervals, there is neither cough nor is the larynx painful; the intermissions are perfect and continue for several days; the paroxysms may set in in all their violence from the commencement; the disease does not develop itself gradually as croup does, nor is the attack preceded by any catarrhal symptoms, which are likewise wanting during the intervals; there is no hoarseness, and the disease lasts much larger than croup. Meissner thinks that it might be confounded with carditis, whooping-cough and cyanosis, but this could only happen to a very careless observer.

*Causes.*—Boys are more frequently attacked with this disease than girls. It occurs most frequently between the sixth and eighth month, in some cases until the fourth, but very rarely until the eighth year. In some families this asthma is hereditary, and all the children have it. Pale, lymphatic children with delicate constitutions and scrofulous dispositions, are most frequently attacked by the disease. Enlargement of the thymus gland is assigned as the cause of the disease, when the

children protrude their tongues between the paroxysms, when the region of the thorax emits a dull sound on percussion, when the paroxysms are excited in a recumbent posture, and when no cough is present. In many cases dentition seems to have something to do with the disease. There are many other morbid conditions which may determine an attack of asthma laryngeum, such as: catarrh, bronchitis, croup, whooping-cough, measles hydrocephalic fever. Cold is one of the most frequent causes.

*Prognosis.*—The disease frequently terminates fatally through the ignorance of parents or nurses who are not aware of the danger and allow the disease to run on without sending for help. The younger the children, the greater the danger; the stronger the children, the less the danger; if the attack should be caused by cerebral irritation, the danger is great, if it should depend upon a scrofulous diathesis, the danger is less. An acute paroxysm is more dangerous than a chronic; the prognosis is very unfavorable if the disease attain the convulsive stage. The termination in hydrocephalus is fatal.

*Treatment.*—The remedies for asthma Millari and asthma thymicum are the same; they have to be chosen in accordance with the symptoms. In my large treatise, in the chapters on spasm of the chest, asthma, the reader will find a good many remedies which may be serviceable in this disease, beside those mentioned below.

*Sambucus* is recommended by Hahnemann for this disease, and I have found it serviceable when the following symptoms occur: the children wake suddenly from a sort of half-slumber, with the eyes and mouths open, they raise themselves on their seats, with anxiety, dyspnœa, wheezing in the chest, as if they would suffocate, they strike about with their hands; head and hands are bloated and blueish, they are very hot, but not thirsty. Before the paroxysm sets in, the child cries; there is no cough, the attack occurs principally from

twelve to four o'clock. I have been in the habit of using the first attenuation for such an attack, but a higher attenuation may perhaps do better, and prevent a recurrence.

*Moschus* seems to deserve our attention in asthma Millari; it is indicated by the peculiar constrictive sensation in the throat, which arrests the breathing, although the suffocative constriction of the chest, which denotes a spasm of the lungs, is a less prominent symptom of *Moschus*. Old-School physicians recommend musk as the best remedy for this disease, but it is very far from being a specific remedy, and this is the reason why so many physicians are disappointed in its effects. The best dose is repeated portions of a drop of the 6th attenuation.

If a cold have induced the disease, *Colchicum*, *Cannabis*, *Bryonia*, and especially *Ipecacuanha* 3d, will be found useful. Next to *Sambucus*, *Ipecacuanha* is most frequently indicated in asthma Millari. *Tart.-emet.*, *Puls.*, *Chamom.*, *Stramon.*, &c. are likewise recommendable. But none of these remedies have the characteristic symptom of this disease, which is the spasm of the muscles, that control the contractions and dilatations of the rima glottidis. The peculiar sound which the little patient utters in this kind of spasm, differs in different children, but it is in every case a characteristic indication of the disease, though not of the remedy.

In my opinion *Arsenicum* is the true specific for this disease. Not to mention the peculiar sense of suffocation or constriction in the larynx, with stoppage of breath, what drug has more than Arsenic the peculiarity of producing such a paroxysm at night, waking the child suddenly? or after trifling causes such as crying, laughing, getting choked by a little food or drink, &c. What drug has the typical recurrence of the first paroxysms at decreasing intervals? the apparently insignificant prodromi of such a dangerous disease? the sudden disappearance



of the spasm by violently shaking the child? I have given in several cases of this disease the smallest portion of a drop of *Arsenic* 30th, without repeating the dose. If the next attack was equally violent, I gave Puls., Ign., Bryon., Cannab., or some other remedy, and then again Arsenic. This, however, was at a period when Hahnemann taught that the dose must not be repeated until it had exhausted its action completely, and even then not until some other appropriate medicine had been given previously. Afterwards Hahnemann modified his doctrine, and allowed a repetition of the dose, provided a different attenuation was selected each time, or, if the medicine was given in the form of a watery solution, this was shaken or stirred in a proper manner, by which means the medicinal power was developed to a higher and increasing degree. Our present method is very nearly the same, but I advise all physicians not to indulge in an excessive repetition of the dose during the intervals between the paroxysms; one dose every twenty-four or thirty-six hours is sufficient.

If a physician should happen to see the child, when it is pale and blue, his choice might perhaps be *Laurocerasus*, which is indeed a good remedy for the spasmodic constriction of the throat and the congestion of the chest. A pellet of the 6th attenuation will sometimes produce a favorable change, after which the same medicine or some other remedy may have to be given.

*Phosphorus* is indicated by the sudden waking at night, with a suffocative sense of stricture in the larynx and trachea. The 24th or 30th atten. may be given, and the dose may be repeated.

After *Laurocerasus* *Belladonna* may be given with great advantage. It seems to be indicated by the characteristic spasm in the larynx, and may be given to children of every variety of constitution, plethoric or lymphatic, scrofulous, rickety, &c., and more particularly when

bad management has induced collateral complications or cerebral affections.

These are the principal remedies for this disease; symptoms may arise which may require *Nux-vom.*, *Veratrum*, *Sulphur*, *Ferrum*, *Iodium*, *Tartar-emet.*, *Lachesis*, *China*, *Baryta-carb.*, &c.

2.) *Tussis-convulsiva*, *Tussis-ferina*, *Pertussis*,  
(*Whooping-cough*.)

First, I refer the reader to my large treatise.

This epidemic disease generally affects a person only once in his life-time. In many cases it is complicated with other epidemic diseases, and it runs a course which nothing can arrest.

We generally distinguish three stages, which, however, are not sharply distinguished from, but gradually and imperceptibly run into, each other. These three stages are: the catarrhal or precursory stage; the convulsive stage, and the stage of convalescence.

The first stage may last from a few days to several weeks. The symptoms are those of an ordinary catarrh, or of a catarrhal-gastric condition involving the mucous membranes; there is chilliness with flushes of heat, languor, irritation and tickling in the throat, cough, hoarseness, frequent sneezing, oppression, redness of the eyes, with lachrymation and sensitiveness, loss of appetite, want of disposition to do any thing, obstinacy, restless sleep; the fever exacerbates in the evening, sometimes every third evening. Even in this stage the cough is sometimes dry, has a hollow, metallic sound, and returns at intervals of a certain duration. After a lapse of from three to twenty-one days, we have

*The convulsive stage.* The disease is now fully developed, and the cough with the characteristic whoop now torments the patient in repeated paroxysms. Generally the children feel that the attack is coming, they have a tillitating sensation in the throat or chest, a feel-

ing of anguish, dull pain, pressure under the sternum where the diaphragm is attached, with nausea in the pit of the stomach; they become restless, the breathing is hurried, anxious, irregular, they cry, start from their sleep, suddenly raise themselves, and bend the trunk forwards.—The cough consists of short, irregular jerking expirations, following each other in rapid succession, and interrupted by short or long, imperfect attempts at inspiration that are accompanied by a peculiarly-wheezing sound, resembling the braying of an ass. During the cough no air, or at least very little, penetrates the lungs; the bronchia, air-cells and partially the glottis are spasmodically closed; this can be observed by applying the ear to the chest during the paroxysm, when we perceive a mechanical inter-communication of the different turns of cough, but no respiratory murmur; all we hear is a sonorous wheezing as far as the bifurcation of the bronchia, which takes place in the half-closed glottis; shortly before and after the paroxysm, the respiration is sometimes puerile. This stoppage of breath causes a violent straining and working of the thoracic, cervical and abdominal muscles. The circulation is interrupted; the blood accumulates in the right ventricles and in the veins; while coughing, the children turn purple-red or blue, the face swells, the congested eyes protrude from their sockets, the jugular veins become distended. In its agony of suffocation the child clings to firm objects; frequently blood is discharged from the mouth, the nose, ears, air-passages, and it settles even in spots under the conjunctiva; the face and neck are covered with a cold sweat, the pulse is suppressed. In consequence of the violent straining of the abdominal muscles the urine and fæces are frequently discharged involuntarily, hernia protrudes, the rectum prolapses, and convulsions set in; cough and respiration are sometimes entirely interrupted for a few moments. In the beginning and the end of the second stage the children frequently sneeze a good deal.

Usually the attack ends in vomiting up a quantity of colorless, tenacious phlegm, food, bile and gastric juice. Such a paroxysm lasts from one to three or ten minutes. If it be violent, the child feels exhausted, complains of pain in the chest, the breathing continues hurried for a time, the child's body frequently trembles convulsively, and the child falls asleep from weakness. It is very apt, however, to forget its sufferings, and resumes its wonted plays, the organic functions are restored to their normal condition, and no physical alteration is even perceptible in the respiratory apparatus. Only now and then the respiration between the paroxysms is puerile, with rhonchus, though with normal resonance. Sometimes there is a little fever during this stage, especially in the evening and at night, with hurried pulse, increased heat and thirst.

The paroxysms return at irregular intervals, three, four or even fifty in twenty-four hours. There is very seldom a regular type, but sometimes the cough is worse every other day. A single paroxysm is sometimes divided into two parts, so that the child has a few seconds' or minutes' rest, and breathes with more ease. The paroxysms set in most frequently in the evening and at night, and are easily excited by crying, weeping, laughing, eating and drinking, bodily exertions or emotions. Even between the paroxysms the face of the children remains bloated, especially around the eyes and the wings of the nose; likewise the lips and neck. This stage almost always lasts from four to eight weeks, towards the end of which the paroxysms gradually decrease in number and intensity. In the

*Stage of convalescence* the paroxysms become less frequent and less intense, the cough loses its convulsive character, the wheezing during the inspirations disappears, the cough which had been dry heretofore, becomes moist as it had been during the catarrhal stage. Sweat now breaks out every night for several weeks, which is

considered critical by several authors ; in some cases the skin breaks out and the urine deposits a sediment. Although this stage is supposed to last from ten to twenty-one days, the cough may nevertheless continue much longer, gradually losing its hollow, barking sound. "

Whooping-cough is frequently complicated with some other disease, most frequently with bronchitis and pneumonia. The last-named disease is not always easily diagnosed. It may be supposed to exist when the paroxysms are, so to say, stifled, the cough is dry, short and evidently painful, and the breathing, in the otherwise free intervals, becomes troublesome and accelerated. The physical signs can be investigated by means of percussion and auscultation. If the inflammation should cease, the cough returns with all its violence. Congestion and inflammation of the brain are rare complications; they generally lead to convulsions, &c. If an acute exanthem should set in, together with whooping-cough, the exanthem is suspended until the cough has run its course. Complications with gastric and abdominal affections, dysentery and diarrhœa are very rare.

The pathological alterations, as revealed by post-mortem examinations, vary a good deal. In many cases there are no material alterations. The most frequently-occurring changes are a redness, interstitial distention and thickening of the mucous membrane of the larynx, trachea and bronchia; accumulation of a serous or tenacious mucus in the bronchial tubes; swelling of the bronchial glands. Some physicians pretend to have seen the nervus vagus or the ganglia of the bronchial tubes slightly reddened. Other changes are: dilatation of the bronchial tubes, emphysema of the lungs, partial hepatisation of the lungs, exudations on the pleura, tubercles in the lungs or bronchial glands, organic alterations of the heart, pericardium, &c.

*Causes.*—Generally whooping-cough may exist at any time, from the moment of a child's birth, until the seventh



year ; it occurs less frequently from the seventh to the fourteenth, and least frequently in full-grown persons. Strength and weakness of the patient, the previous or actual existence of pulmonary affections, modify the character and course of the cough, but do not occasion it. Whooping-cough is an epidemic disease, and may therefore break out at any period of the year and in any climate. It is most frequent when a general catarrhal type of disease prevails, or during epidemic measles. The dispute about miasma and contagion is not yet settled ; it is, however, certain, that children may take the cough from each other, by sleeping in the same bed, or being near each other.

*Prognosis.*—Whooping-cough is a long-lasting and troublesome, but not a dangerous disease. Nevertheless, infants at the breast, and small children die of it sometimes. A tuberculous, scrofulous, and rickety diathesis complicates the disease ; bronchitis, pneumonia or cerebral affections are likewise dangerous complications. The prognosis is likewise more or less doubtful when the convulsive stage lasts too long. Sequelæ have their own prognosis.

*Treatment.*—Every epidemic whooping-cough is more or less distinguished from those which preceded it, and has, therefore, to be treated in accordance with its own characteristic symptoms. This is probably the reason why Hahnemann's specific for whooping-cough, *Drosera*, has not produced equally fine effects in all cases. I say, probably ; for another reason may be that physicians have not given the *Drosera* in accordance with Hahnemann's rule. Hahnemann cautions his disciples not to repeat the dose in a hurry. He says in his introduction to *Drosera* : " A cure is certain after seven or nine days, with a non-medicinal diet. But care must be taken not to repeat the dose immediately after the first, nor should any other medicine be given ; for it would not only prevent the good effects of the first dose, but do positive



injury." Most physicians, however, especially recent converts to homœopathy, forget that a disease cannot be cured in from two to three days; and if the disease do not yield to the first dose in a few days or even hours, they become impatient and at once give another remedy. I can testify to the efficacy of Hahnemann's method of treatment from my own experience; for during my recent illness, I have sent to more than one little patient a dose of Drosera, and by means of it, have snatched them almost out of the clutches of death. The following symptoms indicate Drosera: Pain in the hypochondria, when coughing, as if forcibly strung together; contractive pain in the subcostal region, arresting the breathing; he is unable to cough on account of the pain, unless he presses with his hand on the pit of the stomach; cough proceeding deep out of the chest; sudden contraction of the abdomen, during an expiration, while lying in bed, almost inducing vomiting, and exciting a cough with wheezing breathing; cough, the single turns following each other with so much vehemence that he is scarcely able to keep his breath; oppression of the chest, with anguish, as if some obstacle prevented the air from being expelled when coughing or talking, the face turning blue, and blood being frequently discharged from the mouth and nose, with sense of suffocation.—The pain in the hypochondria, under the short ribs, and the fact that relief is obtained by counter-pressure on the pit of the stomach, show distinctly that the pain is seated in the region where the diaphragm is inserted, and that it is characteristic of the spasm, which is the prominent symptom in this stage. It is this spasm which occasions the short, irregular turns of cough that follow each other in rapid succession and embarrasses the respiration. I have never given more than from one to three globules of the 30th attenuation, but I confess that Drosera does not answer in every case, and that a good many modifications of the symptoms of whooping-cough arise, which

require different treatment. We are likewise in possession of new remedies some of which seem to do for whooping-cough.

Epidemic whooping-cough frequently sets in in the form of a catarrhal disease, at a period when measles prevail, with which it frequently effects an interchange. In this stage, (provided there is no psoric, scrofulous, syphilitic taint, which might baffle our best efforts), a suitable management of the disease will sometimes cut it short, or so modify its character that it will run a mild course.

The catarrhal symptoms of whooping-cough vary as much as those of any other disease, and it is impossible to indicate a single specific remedy for them. I will mention all those that a physician might have to use under certain circumstances, and he may select the one which the symptoms require. If measles should be prevalent, or if a sharp wind should blow from the north or east, the cough is frequently short and dry, or wheezing, with a burning sensation and titillation in the larynx and trachea ; the Schneiderian membrane is affected, and we have febrile motions, with dulness of the head, frontal-headache ; if children who have frequent attacks of cough, should be attacked with whooping-cough, we are apt to deceive ourselves by supposing, that the attack will soon be over. No remedy will do more good under these circumstances than *Aconite* ; it neutralizes the erethic fever, removes the hoarseness, the pain in the chest, and changes the dry cough to a loose one. If necessary, the dose may be dissolved in water, and a teaspoonful may be given every three or four hours.

*Aconite* would be the remedy, if the catarrh, as described above, should have been excited by any other cause. In damp and rough fall weather, when the epidemic whooping-cough is not very prevalent, catarrhs are sometimes characterised by the following symptoms : Distressing oppression of the chest ; the children become

cross, do not like to play, are apt to have a fever, and during their sleep which is restless, they constantly grasp at their chests ; larger children complain of pinching in the chest, and endeavor to rub it away ; there is catarrh with slight hoarseness, and a short hacking cough ; the pains are generally worse at night, accompanied by heat and thirst, followed by chilliness. These symptoms, if recent, will yield to *Dulcamara* 12th ; if they should have lasted a while, other remedies will have to be used with the *Dulcamara* which is still indicated. The *Dulcamara* makes the cough loose, removes the hoarseness, and as a consequence, the oppression of the chest, and diminishes the nocturnal exacerbations.

*Pulsatilla*, not too low, is another remedy which is frequently indicated in the catarrhal stage, especially when the huskiness of the chest is accompanied by a constant desire to sneeze and a loose cough. *Pulsatilla* is especially serviceable when the precursory symptoms of whooping-cough appear in connection with those of measles, or appear soon after the measles-symptoms pass off ; the exacerbations generally take place in the evening, or in the first half of the night, are more distinguished by chilliness than heat, although there may be more heat than chilliness, which would not counter-indicate the *Pulsatilla*. Sometimes the mucous membrane of the whole intestinal canal is affected, and the cough may continue until the child vomits up a quantity of mucus, or else the catarrh of the chest may be accompanied by a slimy diarrhoea, which leads one to suspect a gastro-ataxia. In such a case *Pulsatilla* will not fail to afford relief. Other remedies, such as *Ipec.*, *Cham.*, *Nux-vom.*, &c., may likewise be suitable in this stage, but the symptoms differ. *Ipecac.* 6th, for instance, would deserve a preference, if the cough were excited by a sudden contraction or titillation of the larynx, extending deep into the chest and bordering upon a spasm, and on this account exciting the vomiting, the short, violent and

concussive turns of cough follow each other in such rapid succession, that it is impossible for the child to breathe, for each inspiration seems to excite another coughing-spell. *Chamomilla* 12th, in the case of infants, corresponds to a wheezing, rattling noise at every inspiration, as if the trachea were full of phlegm; it makes the children cross, they cry, and the children's anger keeps up the cough; at night this state of things is worse, the children have to be taken up a good deal, this exposes them to taking cold, and the cold brings on a diarrhoea and colic, which makes the children draw up their legs, kick with their feet, &c. *Nux-vomica*, is suitable for a dry cough, causing a pain in the larynx; the cough is excited by continual titillation in the throat, it lasts so long that it racks the patient, becomes spasmodic, and finally induces retching, with anguish; the violent jarring is apt to induce a headache, and the children frequently hold their head with both hands, as if they would keep it from flying to pieces, or as if they would moderate the distress; the symptoms are worse from midnight until morning. A second dose of this powerful remedy is seldom required; the best time to give it, is in the evening, unless the pressure of circumstances should render its exhibition at some other period necessary.

A medicine which is too often neglected by homœopathic physicians, because its curative powers are less apparent than those of our polychrest medicines, and which is very useful in this stage, is *Squilla* 15th or 18th. Independently of its known curative virtue in affections of the mucous membranes and glands, the catarrhal symptoms are frequently of such a nature as to require its use: internal chilliness with external heat, or vice versa, heat which is followed by chilliness on exposing one's self ever so little, and a hard and tense pulse, are permanent symptoms in every catarrh, especially when it has fluent coryza accompanied by a good

deal of sneezing, and dimness of sight, with lachrymation. The selection of a drug is after all an inference of the reason, for the resemblance of the physiological symptoms to the phenomena of the natural disease is never perfect, were it only for this reason that the natural disease runs its full course with all its natural terminations, and that the drug disease is only a vague, indistinct indication of the natural type. Squilla is certainly indicated by a loose cough with expectoration, preceded by a rattling in the air passages, and accompanied by a distressing pressure under the sternum, and stitching pains in various parts of the chest. The catarrhal stage of whooping-cough is frequently much more violent than a common catarrh, the accompanying fever has generally an erethic character, and sometimes rises even to the rank of a synocha with pleuritic stitches. Under such circumstances Squilla is undoubtedly an appropriate remedy.

These last named symptoms call for *Belladonna*, when the cough seems to approach the spasmodic stage, and there is moreover stoppage of one nostril, with catarrhal discharge from the other, frequent nose bleed unto exhaustion, (*Arnica, China?*), nightly cough, principally with spasmodic constriction of the larynx, and ushered in by weeping. *Belladonna* is indicated when the brain is affected, and the cough is accompanied by spasmodic, and more particularly asthmatic symptoms. Characteristic indications for *Belladonna* are the peculiar little yellow ulcers at the tip of the tongue and around the mouth.

If neither of the above mentioned remedies should be able to prevent the irruption of the second or spasmodic stage, *Carbo-veget.*, 30th, may yet be able in some cases to accomplish this. It is indicated by the following symptoms: the cough occurs principally in the evening or before midnight, it is dry, and when first setting in, even somewhat spasmodic, frequently accompanied by



coryza, hoarseness, rawness in the chest, feeling of adhesion in the chest, almost resembling the cough in the catarrhal stage of measles, or even after it has run its course; or the cough is so violent and the irritation so constant that the patient has no relief until retching and vomiting have eased him. A cough with mucous expectoration, and painful pressure on the chest, resulting in vomiting of mucus, and followed by a stitching headache, is a proper indication for Carbo-veg. The 24th to 30th attenuation, is the most suitable preparation of this drug.

In most cases the disease will run its course in spite of our treatment. The spasmodic character of the cough existed from the commencement, and the second stage is simply a more intense, a more marked and positive expression of the symptoms of the former. Sometimes the physician is not sent for until the second stage is fully developed. In either of these cases we may try one of the following remedies for the purpose of shortening the course of the disease.

*Drosera*; this medicine has been described above, and it is therefore needless to repeat it.

*Cina*, a very high potency. This is excellent when the cough seems to be complicated with scrofulosis, which may be inferred from abdominal affections, which either existed previous to the cough, or else developed themselves in consequence of it. It is likewise indicated by the symptoms, and more particularly when the phlegm in the larynx excites the cough in the morning, which returns at intervals of various durations; the cough generally commences with a spasmodic contraction of the throat, and continues for some time uninterruptedly with dyspnœa; after the cough a gurgling noise is heard from above downwards, whereupon the child gasps anxiously for breath, and turns pale in the face. If the child should be lying down, it raises itself previous to coughing, looks about with staring eyes, after which the body seems to become rigid, the child loses its consciousness,



and it seems as though an epileptic fit would set in. The abdominal symptoms which accompany the attack, are of various kinds: infants refuse the breast, larger children have canine hunger, rising of food, vomiting of mucus, flatulence, &c. If children should have worms, this would be an additional indication. Some pretend that the whooping-cough is shortened by giving Cina and Belladonna in alternation; I have no experience on this head.

Obstinate whooping-cough sometimes requires the use of several remedies for a cure, and in many cases we have to give *Cuprum-metallicum*, in the convulsive stage, sometimes in the beginning and at other times a little later. The chief indications for this medicine are: cough every half hour, or every hour or hour and a half, it comes suddenly with stoppage of breath, the child becomes rigid, and sometimes appears like dead for a couple of minutes; I have seen the children throw themselves on the floor, when the cough was about to set in; as the spasm subsided a violent vomiting set in, with trembling of the limbs; the prostration yielded only gradually, and during the intervals the breathing remained oppressed, with a rattling noise in the bronchial tubes as if they were full of phlegm; the pulse was full and hurried. Cuprum will afford relief, when the child seeks to cling to some firm object at the commencement of the paroxysm; the attacks are accompanied by convulsions, and spasmodic motions set in suddenly at night, the inner mouth is full of aphthæ, &c. Formerly I used to give the acetate of Copper, but more recently I have given the metallic Copper, a small dose of the 30th atten., and I do not repeat the medicine until the second or third day, if the anxiety and spasm should not have entirely disappeared. If this should be the case, and the paroxysms should be less frequent than they were, Cuprum will cease to do much good, and some other remedy will have to be resorted to.

There are some other medicines of an inferior rank in whooping-cough, which may do good service under certain circumstances. *Conium-maculatum*, for instance, will diminish the violence and frequency of the nocturnal paroxysms; the cough is exceedingly violent, of a suffocative character, accompanied by bloody expectoration and flushed face. *Conium* is particularly suitable when the children are scrofulous or have had the measles. The 30th attenuation is the most suitable.

*Veratrum-album* 24th or 30th. This medicine is less valuable in whooping-cough than *Conium*. It is true, *Veratrum* has cough with suffocative constriction of the larynx and vomiting, but it has not the characteristic wheezing inspiration. But it has other symptoms, which if they should occur during an attack of whooping-cough, would raise the *Veratrum* to the rank of a specific. Such symptoms are: the paroxysms are excited by rising, and disappear on lying down; they are accompanied by spasmodic twitchings in the limbs, by headache, vertigo, small and hurried pulse, intense thirst and excessive debility; disposition to hernial protrusions during cough, &c. It is impossible to mention all the remedies, which might be given for whooping-cough; to do this, it would be necessary that the character of the cough should be known beforehand. On a level with *Veratrum* we have *Mercurius*, *Ambra*, *Hyoscyamus*, *Lactuca*, *Laurocerasus*, *Kali-carbonicum*, (recommended by Hering and Boëninghausen, and found to be a specific in epidemic whooping-cough, characterized by a sacculated swelling on the upper lid, *Hempel*,) *Silicea*, and several others; *Silicea* is excellent when worm symptoms are present.

This stage of the cough decreases gradually, although it may be considerably abridged by proper treatment, and we have now the last stage.

*The stage of convalescence.*—This stage is frequently neglected, and the little patients are apt to relapse into the spasmodic stage in consequence of exposure to changes

of weather and temperature. Such relapses prolong the course of the malady to the great discomfort of the child.

The best medicines for this stage are undoubtedly *Hepar-sulphuris* or *Sulphur* 12th to 30th. *Hepar* is indicated by the extreme sensitiveness, irritability and susceptibility of the larynx to the effects of cool air, by a dry, hoarse, or hollow-sounding cough, with constant oppression of breathing and occasionally exciting vomiting by febrile motions, especially chills along the back, flushed cheeks, hot palms of the hands and visible emaciation; all these symptoms point to some hidden morbid disposition, which no medicines will remove more effectually than *Hepar* and *Sulphur*. *Sulphur* 30th, especially removes the sensitiveness of the larynx to damp and cold weather, when the cough again assumes a spasmodic form, it is a racking, almost suffocative cough, accompanied by retching and vomiting, a vibratory sensation and pain in the head, the voice is rough and hoarse even between the paroxysms; the breathing is wheezing, with weight and weakness on the chest; the children look languid, pale, worn out. *Sulphur* will always have a good effect, when the patients have a scrofulous or rickety constitution, they are liable to taking cold, and they are affected by every change of the weather.

*Carbo-veg.*, *Dulc.*, *Puls.*, have been mentioned in former paragraphs.

The dietetic regime of the patients is of some importance in this disease. During the catarrhal stage the temperature should be as uniform as possible, neither too hot nor too cold, so as neither to embarrass nor unnecessarily excite the action of the skin, which, during this stage, is generally moist and should be kept so within natural limits. On this account it is advisable to keep the child in a room, in order to protect it from the weather and exposure to cold. Spices and stimulating, heating drinks should be strictly avoided; light, slimy, easily digested food is the best during the whole course

of the disease. Stewed fruit, if not too sour, is allowable. The best drinks are an infusion of slippery elm, oatmeal-gruel, barley-gruel, rice-water, &c. In the last stage the child may have broth, light meat, and suitable exercise in the open air. Tight clothes are to be forbidden. The child need not be kept in bed all the time, but violent bodily exercise, vehement talking, laughing, crying, singing should be avoided lest the paroxysm should be excited. During the warm summer-months the child may be taken out into the open air even during the second stage.

According to recent provings *Cochineal* is an excellent remedy for whooping-cough.

---

### CHAPTER XXXIII.

#### TUBERCULOSIS AND SCROFULOSIS.

Distinguished pathologists, among whom I may name Abercrombie, Bayle, Meckel, Carswell, Vetter, Sebastian and others, have shown that, physiologically and materially, scrofulosis and tuberculosis are identical, that these dyscrasias run the same course, have the same causes and lead to the same changes and terminations. My own experience leads me to second the views of these observers. It has been abundantly shown by recent pathologists that tuberculosis is a common condition of the organism, especially in children of from two to nine years old, and more particularly among girls, until at a later period of life, the tuberculous disease localises itself in some particular organ. In order to do full justice to my subject I will give the results of post-mortem examinations bearing upon this subject as concisely as possible.

The tuberculous product is a cheesy substance of a gray or yellowish white color, which, when rubbed between the fingers, has a granular feel ; in some cases, however,

it is of a firm consistence, and a dark-gray color, and, when cut, shines on the cut surface; if it have a smell, it is at most slightly alkaline, it has an earthy or slightly-salt taste. A microscopic investigation reveals a granular, speedily-crumbling substance composed of imperfect cells. The chemical constituents of the tuberculous deposit vary, probably owing to the fact that the analyzed tubercles belonged to different organs, brain, lungs, liver, kidneys, &c., or that the individuality and general constitution of the patient, the stage and period of the tuberculous disease, its cause and nature, whether arthritic, puerperal, exanthematic, had been overlooked. The only positive results which chemistry has obtained relative to the character of the tuberculous mass are first, that the crude tubercle is principally composed of a cheesy substance which was formerly supposed to be albumen (together with cholesterine and a number of different salts) and that the softening tubercle is principally composed of salts.

According to the form we distinguish scattered or isolated tubercles; conglomerate, confluent tubercles, and finally the tuberculous infiltration of the tissues. Confluent tubercles form gradually by the union of single tubercles; but in most cases there is a tuberculous infiltration from the beginning, and is almost always met in the neighborhood of isolated or confluent tubercles. In the lymphatic glands the tuberculous deposit always exists in the form of an infiltration. The size of a tubercle is from a pin's head to the size of a hen's egg; cervical tubercles especially are of the latter size. The color of a tubercle is generally white-yellow. There is not a single vestige of organic life in a tubercle; but its physical properties undergo changes. Soon after the tuberculous substance has been deposited in a liquid shape, it becomes hard, forming the crude tubercle; this is at first cartilaginous, of a grayish-white color, and semi-transparent; gradually the tubercle becomes dim-



mer, and there frequently forms in its centre an opaque, yellow point which may, however, makes its appearance in any part of the circumference. In other cases the tubercle is, from the first, opaque and of a yellowish color. Tissues that are infiltrated with tuberculous matter, are generally of a dim-white, gray color; they become harder and more compact, and can be crushed into small, irregular masses, mixed up with remnants of cellular tissue, blood-vessels and other kinds of organic structure. In most cases the tuberculous substance becomes soft, and the softened tubercle either diffuses itself internally into the surrounding tissues or is discharged externally; in a few cases it dries up and forms earthy concretions.

Scrofulosis develops itself principally in childhood as a cachexia of the lymphatic system; the glandular swellings or kernels which people term scrofula, are in reality tuberculous disorganizations which may develop themselves in any part of the organism. We will collate all the phenomena which characterize the scrofulous disease in its various forms and grades, and afterwards indicate the treatment to be pursued in the more important varieties.

The totality of the conditions and signs from the existence of which the physician infers the presence of scrofulosis, goes by the name of scrofulous habit or disposition. Among these symptoms of scrofula we distinguish the following: being born of scrofulous, tuberculous or syphilitic, or otherwise sickly or weakly parents; an unusually large head, especially behind; large, short neck, depressed temples, broad jaws, a fair white skin, with transparent, blueish veins; frequent swelling of the upper lip and nose (a principal sign.) Less frequent signs are: circumscribed rose-colored redness of the cheeks, blond, silken hair, large, blue eyes with large pupils; teeth of a dim white. The closing of the fontanelles is delayed, and the patients look oldish. The



thorax is small, the abdomen distended and the digestion deranged. The flesh feels loose, soft, spongy; there is frequent bleeding at the nose, and a constant disposition to accumulation of mucus in the lungs, windpipe, nose and intestinal canal; worms, irregular stool, at times constipation, at others a greenish, sour-smelling diarrhoea; animated precocious intellect, retarded or irregular physical growth, as seen in retarded dentition, retarded use of the legs, &c. The urine is thick and slimy, and the urethra and vagina frequently discharge an acrid mucus which excoriates the adjoining parts. There are sore spots near the nose and behind the ears, and chronic exanthems of every description on the skin. Children have an inordinate appetite for bread and butter and farinaceous food, but the emaciation increases all the time.

This state of the organism gradually progresses towards a fully developed scrofulosis, the most characteristic signs of which are glandular swellings and indurations, especially on the front and back part of the neck, under the jaws, in the axillæ, groins, and finally all over the body. At first these swellings are soft, painless, moveable; afterwards they become harder, larger, painful, red, and they finally suppurate and form the so-called scrofulous ulcers. Such swellings likewise form in internal organs, principally in the mesentery, lungs, spleen, even in the brain. The thyroid gland swells and a goitre forms, glandular organs, especially the eyes, become frequently inflamed, hence scrofulous ophthalmia, which is such an obstinate disease, characterized by photophobia and frequently leaving a dimness of the cornea. We have moreover a variety of cutaneous diseases, such as crusta lactea, obstinate and long-lasting tinea capitis, herpes, &c. Moreover, constant distention and hardness of the abdomen, lymphatic swellings, indurations, scirrhus, swelling of bones (*spina ventosa*, *pædarthrocace*) caries, fungus articularum (a gradually

increasing swelling of the heads of bones and rendering the motion of the joints painful.) If the disease last a long time, it frequently terminates in atrophica mesenterica, tabes scrofulosa, dropsy and cancer, especially of the lips and face.

*Causes of scrofulosis and tuberculosis.*—These morbid conditions are generally inherited from the parents; either their existence is manifest immediately after the child's birth, or else it develops itself at a later period when roused by a particular cause. If we succeed in stifling the disease by appropriate treatment it will sometimes remain latent in one generation, and not show itself until the next. This dyscrasia does not seem to be a mere psora, but a result of the combined influence of psora, syphilis, onanism, excesses of various kinds committed by the parents. Psora is indeed an ancient miasm, but the other causes which we have named in connection with psora, are just as ancient, and we know positively that several of them have to unite in order to develop scrofulous or tuberculous diseases. Age has a good deal to do with the formation of tubercles and scrofula; we know that they affect principally children, and more particularly girls. The constitution and temperament of the patient likewise determine the existence of these disorganizations.

*Occasional or exciting causes.*—Unsuitable diet is one of the most frequent causes of this disease, especially the fat and heavy milk of old nurses, or nurses whose milk is very much older than the baby. Other exciting causes are: exclusive use of tough vegetables, coarse farinaceous diet, or heavy and indigestible food of any kind; premature or excessive use of stimulating, spirituous drinks; want of proper care and nursing, living in an unclean, damp, obscure room. *Uncleanliness* and deficient ablutions of the skin, want of exercise, premature mental development, acidity, worms, &c. are likewise prominent causes of scrofula.

*Course and terminations.*—The disease generally runs a chronic course, although, in some cases it is more or less acute. This is especially the case, when the tuberculous disease has concentrated in some particular organ, or in a rough season and sensitive persons. The disease is very apt to break out again in the same person after having apparently been subdued for a period. The local tuberculous disease can only be cured by eradicating the whole disease. Art is indeed capable of benefitting the patient by restoring the quality of the blood, but it frequently fails in arresting the disorganizing process, and sometimes even in cases where nature afterwards effects a cure. Hereditary scrofulosis seldom develops itself while the infant is at the breast, but it rapidly shows itself in children who have to be weaned at an early period, or who are brought up by hand. The teething period is to be dreaded in such children, for it is at such a period that the scrofulous disease is apt to become roused, which thenceforward shows itself at each critical period in the child's life, until art and proper nursing shall have enabled the vital energies of the organism to resist and keep down the disease. If the disease should continue beyond the seventh year, it then generally remains until the age of pubescence exercises an important influence on the development of the body and mind, afterwards localises itself somewhere at the critical age, and leads to various kinds of organic disease. The development of scrofulosis seems to be favored by febrile diseases, acute exanthemata and vaccination.

If the disease should terminate in recovery, the scrofulous disposition changes completely, the digestion improves, the flesh becomes more solid and firm, and the secretions again assume a normal form, color and consistence. Death ensues by the destruction of important organs, in which the disease had become concentrated, by functional disturbances (pressure of the tubercles on the brain, compression of the pulmonary tissue, &c.) and

by alteration of the fluids, hectic fever, dropsy, &c. (*Canstatt.*)

*Prognosis.*—Scrofulosis is not necessarily a fatal disease, but it is not, by any means, a very promising one, and sometimes results, after years of patient treatment and care, in the development of some fatal malady. The less universal the disease in the child's organism, the freer vital organs have remained from it, the more favorable the circumstances of the patient, the more promising the prognosis. The prognosis is unfavorable when the disease is hereditary, very marked and deep-seated, more or less acute, and the patient is very young.

*Treatment of scrofulosis and tuberculosis.*—It is a very difficult task to treat these diseases, especially when we have to contend against ignorance and squalid misery. A proper diet is all-important to a suppression of the incipient disease. This, combined with a suitable medical treatment, will enable us even at a later period to control the disease, although not within a given time. If the father or mother are scrofulous, it is certain that the child had inherited the disease, and it is undoubtedly the best thing for the child to hand it over to a young, healthy nurse rather than that the mother should nurse it, or that it should be brought up by hand, which would be injudicious. After weaning the child, the rules which have been laid down in the chapter on diet, will have to be followed. The child should be kept in a light, dry, healthy room and location, and the room should be properly ventilated every day. The children should be allowed the free use of their limbs, and they should sleep on horse-hair mattresses and be covered with woolen blankets. Feather-beds should be avoided. The children should be washed all over with fresh water every day, and their linen should be changed quite often. During the teething period, after the children have been weaned, most particular attention should be bestowed on the quality and quantity of the food. Farinaceous

diet should be strictly avoided ; broth and a little of the yolk of an egg should be given ; milk never agrees with scrofulous children. I do not deem it necessary to go into further details ; the great point is to strengthen the children's constitution by exercise, cold baths, salt-water or sea-bathing, travelling, living in high and dry regions, &c., and, by this means, prevent the breaking out of the disease.

A multitude of observations has shown that suitable medicinal agents will do much towards strengthening the influence of a proper diet, and eradicating the disease. It is true, the symptoms may be so vague that it may be impossible to select a specific remedy in accordance with the symptoms ; but the constitution and age of the parents, especially of the mother, and a knowledge of their circumstances, may, in some respects, be taken as substitutes for the symptomatic indication, and may enable us to prescribe a suitable remedy, which will not fail to do good, provided we allow it sufficient time to act. I ought to remark, however, that the reader must not expect to find here a set list of anti-scrofulous medicines ; it is impossible to make such a list, were it for no other reason than because incidental circumstances, the prevailing type of disease, the critical changes of the organism, atmosphere, climate, &c., and the dietetic arrangements of the parents, are beyond our control. Among the following list of medicines the reader may pick out that which he thinks corresponds with the symptoms, and may administer it at any period during the course of the malady.

Among the medicines which are adapted to any stage of this disease.

*Sulphur*, from the 6th attenuation upwards, holds the first rank. It is not only suitable to the psoric taint, but to the totality of the causes which excite the disease, no matter whether they occur singly or in combination, whether their action dates prior to, or after, the birth of



the child. Sulphur not only responds to the scrofulous disposition, but also to fully developed tuberculosis and scrofulosis, glandular affections, eruptions and herpes; it is therefore suitable in every stage of the disease, and can be repeated after some other suitable remedy had been interpolated. The extreme sensitiveness to wind and open air, which is so apt to develop a disposition to catarrh and rheumatism, is a characteristic indication for Sulphur. And is there an eruption, an affection of the glands and bones where Sulphur might not be given once at least? Do not the sleep symptoms, the disturbances of the reproductive system, (with an otherwise unimpaired appetite), the tendency to acidity and gastric derangement, the irregularity of the bowels indicate Sulphur? And there are a good many other scrofulous symptoms that require the exhibition of Sulphur. To be sure, it cannot accomplish every thing; the patient's body does not remain the same during the disease; all the various organs are constantly endeavoring, each in its own way to develop itself, for the purpose of contributing to, and ultimately realizing, the general harmony of the organism. This universal endeavor of the different organs renders each liable to functional derangements that may require different remedies for the different morbid conditions, which are principally congestions, inflammations, nervous irritations of various kinds, and in general a morbid excitation of the physical or spiritual sphere. One of the principal remedies for such conditions is

*Belladonna*.—It is an excellent remedy in the first stage of the disease, which commences in childhood, for which period Belladonna seems to be particularly suitable. It is indicated by nose-bleed, distention of the abdomen, frequent sore-throat with swelling, inflammation of the eyes and eyelids, a pale and bloated appearance, swelling of the nose and lips, increasing emaciation; these symptoms will either be removed or at least considerably modified by Belladonna.



A decided tendency to worms shows conclusively that there is a scrofulous disposition. *Cina* being a specific remedy for worms and worm-diseases, it has been inferred that it must likewise be an excellent remedy for scrofulosis, and indeed we now know to a certainty that this is so, both from experience and our physiological provings of this drug, which contain many symptoms of scrofulosis in an eminently striking degree. The characteristic symptoms of gastric derangements, such as exist during the course of a scrofulous disease, the emaciation, atrophy, the secondary symptoms, such as occasional vomiting, colic, wetting the bed, restless sleep or sleep disturbed by frequent flushes of heat, a whining mood and indifference to every thing, &c., all these symptoms indicate *Cina*, the 6th to 12th attenuation of which will certainly afford relief.

*Mercurius-solubilis* 12th, is an excellent remedy for many forms of scrofulosis, the eminent virtues of which in this disease, I have frequently had an opportunity of verifying in practice. I have often given it immediately after Sulphur. I have always been under the impression that scrofulosis is a combination of psora and syphilis, and on the strength of this supposition, I have given *Mercurius* with advantage; but this is not the only reason why *Mercurius* should be used. The exhausting night-sweats with which scrofulous individuals are troubled, and which cause a loss of flesh and strength; the pale, bloated, almost chlorotic appearance; the swollen glands and the continual disposition of the glands to become inflamed and to suppurate; the continual itching of the hairy scalp, covered with scurfs and with a dead skin; these and similar symptoms require the exhibition of *Mercurius* 6th, 12th, 18th, which do more good in this disease than the lower triturations.

*Calcarea-carbonica*, in various potencies, is an admirable remedy for scrofulosis. Like Sulphur it is possessed of a power tending to eradicating the scrofulous

disposition, but deserves a preference over Sulphur when the scrofulous disease is characterized by an excessively large head, retarded closing of the fontanelles, especially the posterior; delicate, flexible bones, transparent veins, blue margins around the eyes, dim expression of the eyes, &c. If the disease should induce difficult dentition, if the teething process should be prolonged by the scrofulous diathesis beyond its usual limits, or if all sorts of ailments should break out during, and complicate this process, *Calcareo-carbonica*, is the most suitable remedy to help the child through the crisis. It is likewise the best remedy for the lymphatic swellings which appear in the course of the scrofulous malady, and it is likewise adapted to any other local disorganization, or may even be exhibited when the disease threatens to terminate fatally. Hereafter, I shall have frequent occasions to mention *Calcareo*, and I will therefore close my remarks on this subject for the present.

*Baryta-carbonica* 12th, deserves all the praise that has been bestowed upon it. But it is less useful in the first stage of the disease, than at a later period, when the disease localises itself in the neck and nape of the neck, and painful glandular swellings and indurations, especially near the articulation of the lower jaw, have made their appearance. It is likewise of advantage in the higher forms of scrofulosis, when the mesenteric glands are affected, and a state of atrophy develops itself, characterized by painful distention of the abdomen; soft, though not diarrhœic stool, preceded by an excessive urging to stool; violent, sour eructations after every meal, with sensitiveness of the stomach and pinching in the bowels; and tendency to start, with shyness and flushes of heat.

*Iodine*, both the high and low attenuations, is one of the principal remedies for this disease, not only the simple and increasing glandular swellings, but also the higher and more complicated forms of the disease. And

if Iodine should fail to effect a cure, *Bromine* will most probably do it, and indeed has already done it.

*Arsenicum-album*, highest potency, ranks with *Baryta*, and is more adapted to the general scrofulous taint than to the local disease. It is particularly suitable in the last stage of the disease, when the atrophy has reached its highest development, and hectic fever, chronic eruptions, ulcers, and inflammatory affections have set in.

The above are the principal remedies for tuberculosis and scrofulosis, but there are a good many more, among which I may mention : *Hepar-sulph.*, *Nux-v.*, *Natr.-mur.*, *Dulc.*, *Lyc.*, *Rhus-tox.*, *Silic.*, *Nitri-acid.*, *Sep.*, &c. An excellent remedy for these diseases, which is used by allopathic physicians, and the use of which is not attended with unpleasant consequences, is *Oleum-jecoris-aselli*, or cod-liver oil. I know from experience that this agent does not interfere with the strictest homœopathic treatment, and I never forbid its use when my patients desire to take it, or the parents wish to give it to their children. It seems especially designed to invigorate a scrofulous constitution, and to eradicate the scrofulous taint, if, after an apparent suppression of the disease, we have reason to believe that the cure is not complete. The child may take from a teaspoonful to half a table-spoonful morning and evening, for months ; the dose being regulated by the child's age. Recently, I have found cod-liver oil eminently useful in suppurating, scrofulous lymphatic ulcers, and in a case of scrofulous abscess of the liver, which broke and discharged on the outside ; homœopathic medicines had been unable to effect any good, the patient became emaciated, and a hectic fever threatened to set in. I have deemed it necessary and proper to mention this remedy in scrofulosis, which sometimes resists all our known drugs ; those who can cure scrofulous diseases without cod-liver oil, are not obliged to use it.

An affection which we sometimes meet with in scrofu-

losis, is hydrocele; formerly I used to treat this disease in a round about way, with Mercurius, Hepar, China, Digitalis; but latterly I give *Silicea*, and I have found that it not only cures the disease but prevents a relapse.

Another affection, incidental to scrofulosis, is the excoriation of the throat and nose. The best remedy for it is *Mezerium*, which will even help the scrofulous diathesis.

*Psoricum* 30th, appears to me a valuable agent in this disease, and corresponds with its proximate cause.

For the sake of elucidating still further the nature and treatment of scrofulosis, I will mention a few local affections resulting from it.

#### a.) *Scrofulous Ulcers.*

When a scrofulous glandular swelling becomes inflamed, the inflammation generally develops itself slowly, and results in the formation of a watery pus, after which the swelling breaks. These glandular ulcers are distinguished from other ulcers by their hard and callous edges, by their pale and torpid inert appearance, and the cheesy quality of the pus, which gradually changes to a thin, acrid ichor. In fair weather these ulcers mend and seem disposed to heal, but in rough and damp weather they get worse again. The bottom of the ulcer is uneven, warty, fungous, ash-colored. It undergoes a variety of changes of form, and if it should finally heal, sometimes after having suppurated for several years, it leaves a disfiguring cicatrix.

As long as the glandular swelling does not exhibit any trace of inflammation, it should be treated in connection with the constitutional scrofulous disease, with *Dulcamara*, *Conium*, *Baryta-carb.*, *Aurum*, *Cistus-canadensis*, *Rhus-tox.*, or any other of the medicines that have been mentioned in the preceding section.

To judge by the symptoms, the *Cistus-canadensis* seems to be a highly important remedy for scrofulous

ulcers. It has swelling of the glands, also with suppuration; scrofulous ulcers and other scrofulous ailments; violent chilliness with shaking, followed by heat with redness and swelling of the ears, and swelling of the cervical glands; discharge of moisture and badly-smelling pus from the ears; inflammation and painful swelling of the nose; caries of the lower jaw; even the swollen, loose, readily-bleeding, and sickly-looking gums, the frequent nausea, the diarrhœa after eating fruit, the pains in the larynx, are indications of the anti-scrofulous character of this drug. For scrofulosis generally, and more particularly for scrofulous swellings, this drug seems to be a valuable remedy.

#### NOTE BY DR. HEMPEL.

In a case of scrofula, where the ulcerative process had invaded the nose, and one whole side of the face threatening to destroy the parts, and where American and European physicians of the highest standing had exhausted all the resources of their skill without any apparent effect on the ulcer, it was radically healed by using an infusion of *Cistus-canadensis* internally, and embrocations of the same plant externally. The patient was an interesting young lady of eighteen years.

*Dulcamara* is an excellent remedy for hard glandular swellings, especially when these appear in consequence of taking cold in damp dwellings and marshy regions, or after measles. I use the 3d and 6th attenuation.

*Rhus-toxicodendron* 12th to 30th, ranks with *Dulcamara*, and may frequently be used immediately after it. I have found it particularly useful for glandular swellings of the neck, nape of the neck, lower jaw, one gland being hard as stone, and the other less perceptible. On using *Rhus* the inflammation soon disappears, the gland becomes softer and gradually disappears, whilst the other glands which had scarcely been seen before, become more apparent and then disappear likewise. These glandular



swellings are frequently accompanied by herpetic, suppurating or crusty eruptions, tinea, ophthalmia, otorrhœa, nocturnal diarrhœa, emaciation, &c., in which case *Rhus-tox.* is still more particularly indicated.

*Baryta-carbonica* 12th, is indicated by swelling and induration of the submaxillary glands and upper lip, and tensive swelling of the whole face. *Conium* 18th, is suitable for scrofulous swellings, coming on even after a slight pressure, bruise, contusion; they are very painful, suppurate readily, and threaten to become carcinomatous. *Conium* is a sovereign remedy for such cases, and might perhaps be followed up by *Kreasotum* and *Carbo-vegetabilis*. Other indications for *Conium* are: ophthalmia with violent photophobia, irritability of temper, stony swelling of the parotid glands, swelling of the mesenteric glands, sensitiveness and sympathetic affection of the respiratory organs, &c.

*Aurum-metallicum* 3d, has proved eminently useful in my hands for crusts and ulceration of the lips and nose, accompanied by swelling and hardness of the cervical and posterior cervical glands; *Aurum-muriaticum*, seemed preferable in such cases as had been treated with large quantities of Mercury internally and externally, or where there was an hereditary syphilitic taint, which can scarcely ever be removed by Mercury alone.

As regards the propriety of lancing scrofulous swellings, after they have attained a certain degree of maturity, I observe the following rules. I open no glandular abscess, situated in muscular parts as long as there is any probability of its being dispersed by homœopathic medicines. If I should deem it necessary to open the abscess, I wait as long as possible, until the surrounding hardness has become soft and fluctuating, and the suppurating process is complete. It is a well known fact that the abscess heals much better if it be opened when it is perfectly ripe, than by opening it prematurely. If the pain should be very acute or distressing, I apply a



flax-seed, oat-meal, or bread and milk poultice, which hastens the suppurative process. If the abscess should be situated between the skin and bones, for instance, behind the ears, on the fingers, hands, tibiæ, it has to be opened in time, so as to prevent caries being caused by the accumulated pus; but even in this case fluctuation must be distinctly perceptible, there must be no stony hardness, and the redness must not have spread over too large a surface. It is sufficient to make an incision large enough to allow the pus to escape. After the pus is let out, simple lint, greased with a little althea-salve, should be applied to the sore.

If these scrofulous ulcers should be mere symptoms of a general scrofulous cachexia, we have to give with the above mentioned medicines Hepar-sulphuris, Iodine, Bromine, Mercurius, Graphites, Carbo-vegetabilis, Lachesis, Lycopod., Silic., Phosphorus, &c.

*b.) Ophthalmia et blepharitis scrofulosa; (Scrofulous inflammation of the eyes and eyelids.)*

These two inflammations are scarcely ever found separate in childhood, generally they are united and accompanied by photophobia, increased secretion of the swollen Meibomian glands, lachrymation, redness of the margins of the eyelids, and a burning pain in the same. On account of the distressing photophobia, the children like to lie on their faces, and the eyelids are sometimes closed so spasmodically and tightly, that it is impossible to open them. After the inflammation has lasted for a time, the patients complain of stinging pains, extending to the eyebrows and temporal regions; the eyelids become œdematous and an acrid fluid is discharged from the eyes, which inflames and corrodes the cheeks. The conjunctiva of the eyeball is very red, varicose vessels run towards the cornea, and the sclerotica becomes of a rose color. If the cornea should be involved in the inflammation it becomes dim in consequence of an extra-

vasation of lymph, or else spots and vesicles break out, which are sometimes converted into little ulcers and lead to blindness. The character of the inflammation cannot be mistaken, for it is generally accompanied by other scrofulous symptoms, swollen glands, &c., at a later period of the disease the eyelashes turn inwards. The secretions from the eyes, the pains and the photophobia are generally worse in the morning and abate towards evening. The disease runs a slow course, and relapses are quite common, as is the case with every other variety of scrofulosis. To cure such an inflammation completely, the scrofulous cachexia has to be eradicated.

Although the treatment of such an inflammation should be principally conducted with anti-scrofulous medicines, yet I have frequently commenced the treatment with *Euphrasia* 3d to 6th, with great benefit to the patient. In the selection of this agent which is not, strictly speaking, one of our anti-scrofulous medicines, I have been guided by the following symptoms: redness of the sclerotica, which is traversed by red blood-vessels; spots, blisters and ulcers on the inflamed cornea, profuse discharge of tears and mucus, which corrodes the surrounding parts; swelling of the eyelids; sensitiveness and photophobia, which frequently result in spasm of the eyelids; stinging and aching pains in the eyes; profuse coryza characterizing the prevailing catarrhal type. I know that *Euphrasia* is not the principal remedy in this disease, but it will be found excellent, provided it is chosen in accordance with the symptoms, and especially so, when the ophthalmia is complicated with the catarrhal symptoms characterizing other prevailing diseases.

If the inflammation should become very acute at any period during the treatment, or should be so in the commencement of the disease; if the pains should become intolerable, which is especially the case when the eye is dry, and if the sensitiveness of the organ should be excessive, a few doses of *Aconite* 12th, should be given be-

fore any other treatment is instituted. Next to, and after Aconite (for without the Aconite it would not be so efficient) *Belladonna* is the best remedy for the pains and morbid changes existing in serofulous ophthalmia. These two remedies are not sufficient to effect a complete cure; there will remain a certain degree of inflammation, and the photophobia will be particularly distressing towards evening, and will sometimes increase so as to induce a spasmodic closing of the eyelids. Under these circumstances I have given *Hepar-sulphuris* 3d, with great effect. I have likewise tried the higher attenuations with success; but I am not yet quite sure whether it equals the success I have obtained with the lower potencies. Before giving the Hepar, it may be advisable to give a few doses of *Mercurius-solubilis*, especially if the swelling or spasmodic closing of the lids should render it impossible to obtain a correct view of the inner eye; the Mereury will diminish the inflammation sufficiently to enable Hepar to act with promptitude and effect. When the inflammation ran high, and burning, corroding tears were discharged every time an attempt was made to open the eye, *Mercurius-corrosivus* 6th, two or three doses a day, effected admirable changes in my hands.

If the inflammation should not be very high, or if the symptoms should have been considerably moderated by the above-mentioned remedies, we may then employ Pulsat., Ignat., Cham., Nux-v., or perhaps Dule., Caust., Sepia, Calc., Sulph., &c.; under the use of these remedies the improvement will continue, or perhaps a cure will be effected. In some cases Hepar will effect a partial improvement, after which it will leave the disease stationary until some other remedy is interpolated, after which the Hepar will again impress the disease favorably. In such cases I substitute *Sulphur* 3d, and *Calcarea* 3d, for the Hepar, giving the two alternately, one day a dose

of Sulphur, next day a dose of Calcarea ; the result of this method is quite satisfactory.

Sometimes all the efforts of art are baffled by the obstinacy and virulence of the disease, especially when there are ulcers on the cornea, new ones of which break out again as fast as the old ones heal, and which are dangerous on account of the scars which they leave behind. Under such circumstances I recommend Cannabis, Hepar, Sulphur, Euphrasia, Calcarea, Lachesis, Mercurius, Silicea, Sepia, each of these remedies to be, of course, selected according to the existing symptoms.

Obstinate cases of ophthalmia, where no medicine seemed to do the least good, have yielded to *Arsenic* 30th, given at increasing intervals, and sometimes in alternation with *Euphrasia*. Thorer has recommended *Rhus-tox.* 12th, for this disease, and I have given it with good effect in some cases, especially when scrofulous and herpetic eruptions on the head and in the face were present.

### c) *Scrofulous Inflammation of the Nose.*

Scrofulous catarrh, or blennorrhœa of the nose is quite a frequent disease, and sometimes leads to inflammation and ulceration of the Schneiderian membrane, the formation of ulcerated crusts and other collateral ailments. This kind of blennorrhœa is particularly distressing to infants, and, in their case may even occasion danger. It sets in with frequent sneezing, which is soon followed by the discharge of a clear and viscid, and afterwards yellow, greenish, purulent mucus. The infant is unable to nurse, because it cannot breathe through the nose ; it lets go of the nipple, and utters a piteous cry. It sleeps with the mouth open, and the more phlegm there is in the nostrils, the louder and more troublesome becomes the breathing, and the child becomes restless, cries and is exhausted.

Such an attack is most frequently occasioned by a cold, but if the proper medicines, *Aconite*, *Chamomilla* or

*Pulsatilla*, be at once given, the further development of the symptoms can be checked. If the discharge should be suddenly arrested, the excessive dryness of the nose may be just as distressing and even dangerous to the infant as the opposite condition. Under such circumstances a little goose-grease, sweet oil or butter may be rubbed on the nose, and the mucous membrane may be greased internally with a similar substance. A dose of *Dulcamara*, *Sambucus*, or *Nux*, *Chamomilla*, &c. may be given internally.

But this scrofulous blennorrhœa may gradually terminate in inflammation and swelling of the nose, and cause a good deal of pain when blowing the nose. Gradually the discharge becomes purulent, especially in the morning, when the nostrils are stopped by hard crusts. On tearing off these crusts, the secretion, which is of a watery, ichorous quality, is frequently mixed with blood, or else it is thick and greenish. It has an unpleasant smell, even to the patient; the upper lip becomes œdematous and the discharge from the nose makes it sore. In changeable, cold weather, the running is most profuse. On dilating the nostrils with the finger, we see the ulcers distinctly. Children of from four to seven years old, are particularly liable to this species of scrofulous ozæna. It rarely terminates in caries, and the osseous affection always holds a secondary rank. The cartilages are more frequently involved in the destructive process. The front-part of the nose, including the tip, is generally the seat of the disease; this part is covered with ulcers, tubercles, crusts, it is swollen and inflamed. The eyes and lachrymal ducts are frequently involved.

Among the remedies which ought to be used for this disease, the following are the principal: *Mercurius-solubilis* 12th, when the inflammation and ulceration, the fœtid, purulent discharge have reached the highest degree of development; the upper part of the nose is like-



wise affected. The dose should be dissolved in water, and a portion of it be taken morning and night. If *Mercurius* should not effect a cure, nothing will have been lost, for the Mercury will have had the effect of increasing the susceptibility of the organism to the action of the remaining necessary remedies. After *Mercurius*, *Hepar-sulphuris* 3d, will be found valuable. Recently I have cured with it a number of scrofulous ulcers of the mucous membrane, resembling chancres, and this induces me to believe that it must be a useful remedy in scrofulous ozæna. If the inflammation should be very painful and acute, *Belladonna* 30th, will frequently have to be given before Mercury, and *Hepar* after *Belladonna*; but this is not a positive rule and may have to be modified. *Aurum* is eminently useful for crusts and ulcers of the nose; likewise *Asafætida*, although it is my belief that these two remedies act better when the ozæna is complicated with a syphilitic taint. Beside these medicines I mention Sulphur, Calcarea, Phosphorus, Lachesis, Bryonia, Nitri-acidum, Rhus-tox., Pulsat., &c.

d.) *Tinea-capitis* (Scald-head.)

It is only scrofulous (psoric) individuals that are affected with tinea. Sometimes it is the first symptom of scrofulosis, and is scarcely ever seen before the third year. The hairy scalp is the seat of the disease, of which there are various forms and grades. Without giving a detailed description of all the varieties of tinea, I will content myself with mentioning the characteristic symptoms of the disease in a general way.

The lighter forms of tinea, termed favus, achor favosus, are generally located on the occiput, down the nape of the neck. The affected parts become red, hot, hard, raised, painful, and the cervical and posterior cervical glands almost always swell simultaneously with the breaking out of the eruption, and become sensitive to pressure. In a few days, small, round, acuminate pus-



tules break out on a rose-colored, inflamed ground, with hard bases, soft and yellowish-white tips, and gradually increasing in height. They contain a yellowish-white, lymphatic, viscid, thickly fluid, which escapes after the pustule breaks, and has more or less bad smell. As the matter escapes, the eruption spreads, the hairs become glued together, and vermin is engendered, which keeps multiplying unless the children are kept very clean. Soon after, scaly, thick, raised, hard crusts form, of various sizes and colors.

The malignant tinea generally affects the vertex and sinciput. It commences like the former variety, but there always are several larger pustules close together, which, on breaking, discharge an ichorous, yellowish-green moisture, which gradually spreads over the larger portion of the hairy-scalp like a pitch-cap. This moisture hardens, forming thick, firm, coherent crusts of a gray-green color, beneath which we find spreading ulcers of considerable size, secreting an acrid, foetid pus, and destroying even the roots of the hairs, which causes them to fall out.

*Canstatt* gives the following description of favus: "The follicles of the hairs become inflamed, after which they are filled with a peculiar, morbid, yellow and purulent matter, which consists of a multitude of microscopic funguses, smells like cat's-urine and leads to the formation of small pustules, penetrating the skin, and each of them traversed by a hair. This is the first perceptible stage of favus. The deposition of the morbid product is not confined to the inner surface of the hairy follicle, but spreads over the surrounding parts. The morbid matter dries up very rapidly, without the pustule breaking, and in this way every pustule changes to a yellow crust, pitted in the shape of a goblet; the crusts increase in size, their margins run into each other, and the goblet-shaped impressions or pits make them look like a honey-comb. The older the crusts, the drier and the more brittle do they become. Unless the head is

kept very clean, vermin forms in abundance, increasing the itching and irritation. The skin beneath the crusts sometimes is red, sensitive, dotted, with numerous depressions, to which the secreted matter is still adhering ; or the disease may run into a destructive, scrofulous ulceration of the corium, which finally penetrates to the bone. From the ulcers oozes a reddish, foetid secretion, which dries up to brownish crusts, irregularly shaped, and differing from the former yellow crusts. The hair which is enclosed in the diseased follicle, becomes thin, loses its color and falls out. The follicles are so totally destroyed that the spot remains bald, and no new hair grows on it. The disease is contagious, and frequently spreads from one portion of the skin to another."

"The hairy scalp is the proper seat of the disease, but it may spread thence to the face, neck, back and the extremities. In case the extremities should be invaded, the nails are frequently distorted, they become brittle and fall off."

These local symptoms are accompanied by other ailments, which go to show very plainly that the whole organism is tainted with the scrofulous diathesis. Such constitutional symptoms are : swelling of the adjoining cervical lymphatic glands ; subcutaneous abscesses in various parts ; ophthalmia or coryza ; derangement of the digestive functions, distention of the abdomen, deficient reproduction, paleness of the face, and other scrofulous affections.

It is evident that this affection may last for months, and even years, unless we should succeed in eradicating the scrofulous dyscrasia which feeds and maintains it. A sudden suppression of the eruption, such as was formerly and even more recently resorted to, might have dangerous consequences, such as convulsions, acute hydrocephalus, scrofulous deposits in other organs, and even death.

Before describing the treatment of this obstinate dis-

order, it behooves that the beginning homœopathic practitioner should be reminded of the great truth, that none but anti-scrofulous medicines will be able to cure this eruption. By anti-scrofulous medicines I mean such medicines as tend to eradicate the scrofulous dyscrasia. The medicines which I shall mention, have indeed effected cures, but they are not infallible. It would be impossible for any one to foresee all the various shades of this eruption, and to construct upon this more or less speculative knowledge the therapeutic edifice of tinea. He who expects any thing of this kind, had better leave the sacred temple of the healing art, for he is unfit to ascend to the exalted spheres of the Divine by the perception and just appreciation of truth.

To effect a speedy cure, it is absolutely necessary that the child should have a proper diet, that it should be kept clean, and that its head should not be kept too warm. Suitable remedies are, of course, likewise required. The principal are :

*Sulphur* and *Calcarea* ; these two are undoubtedly the best remedies for scrofulosis, and therefore for tinea capitis. I have mentioned their symptoms so often and have dwelt upon them so minutely in my general remarks on scrofulosis, that it seems needless to repeat all this here. The same remark applies to *Hepar-sulphuris*, with this difference that *Hepar* is more particularly indicated when the eruption spreads over the nape of the neck and parts of the face ; when tuberculoid pimples, resembling small furuncles, break out on other parts of the body, and when the disease is complicated with psorophthalmia and other affections of the eyes. *Hepar* is suitable for both forms of tinea, the achor favosus and the tinea maligna. *Arsenic* corresponds more particularly with malignant tinea. *Baryta-carbonica* is suitable for the lighter (dry ?) form of tinea, with burning itching and gnawing, especially in bed, and causing great distress ; the cervical glands are generally swollen.

Next to Sulphur and Calcareo, I have derived great benefit from *Rhus-t.*; by alternating it with a dose of *Arsenic* every two or three days, I have cured most of my difficult, exceedingly chronic cases, especially when the crusts were very thick, and a thick, greenish, very foetid pus escaped from beneath them, engendering fresh tuberculoid blotches in the surrounding parts, with violent itching, suppurating and destroying the roots of the hairs; the posterior cervical and axillary glands were swollen, and the neck was more or less stiff, and painful when turning it.

There are cases of tinea where more than two remedies may have to be given, even if both should be strictly indicated and employed for a long time, in succession or alternating one with the other. Another excellent remedy for such a case is *Lycopodium* 18th, 24th, 30th, especially when the badly-smelling, profusely-suppurating eruption is accompanied by itching, humid tetter on other parts of the body, particularly around the indurated cervical and axillary glands; the dyspeptic ailments, the bad digestion, &c. are likewise prominent, and the patients grow visibly paler and thinner. *Lyc.* is undoubtedly the best remedy after Sulphur; I give it for several mornings and evening in succession, and then await the result.

*Graphites* 30th should never be given immediately after *Lycopodium*, because it is then not only ineffectual but prejudicial. Otherwise I have given it with equal success in dry and humid scald-head. A particular indication for *Graphites* is, when there is a disposition to take cold and the scrofulous ailments are readily excited by it; the gastric symptoms are likewise to be considered; retention of stool is particularly indicative of *Graphites*.

If the tinea should be complicated with exostoses, malignant, spreading, ichorous tetter in other parts of the body, *Mercurius-solubilis* will be found useful. In such a case *Hepar*, *Aurum*, *Nitri-acid.*, are likewise excellent.

There are cases of tinea where the hairs become entangled and adhere, as in plica polonica, for which vinca minor has been recommended as a specific. This would seem to justify the use of vinca minor in the above mentioned cases of tinea; it certainly can do no harm to try it.

Dulc., Sepia, Staphys., Phosph., and other remedies may likewise be tried, if the symptoms should justify their use.

#### e.) *Struma* (Goître.)

According to *Meissner*, the goître, which is a swelling of the thyroid body, is a scrofulous deposit. It is sometimes a congenital disease, although rarely seen among children. At first the swelling feels soft, but gradually increases in size and hardness. As the scrofulous dyscrasia decreases, the goître decreases likewise. *Spongia*, *Iodine*, *Natrum-carbon.*, *Calcarea*, *Lycop.*, &c. are the best remedies for it.

#### f.) *Spina ventosa* (Scrofulous swelling of Bones.)

In this disease the bone first swells, becomes painful to contact, and, in the course of the disease, the skin over the affected bone becomes frequently red; finally the swelling breaks at the inflamed spot, and an open ulcer forms, discharging a watery, foetid pus; on examining the ulcer we easily discover the carious condition of the bone. Such swellings occur principally at the metacarpus, the metatarsus, the phalanges, but sometimes they likewise develop themselves in superficially-situated long bones. The disease commences in the marrow or the internal periosteum, whence it is difficult to diagnose it. (*Meissner.*) The disease is seldom dangerous, but it is troublesome and should be cured as soon as possible by removing the scrofulous taint from the constitution.

*Treatment.*—Previous to the breaking out of such an

affection, the children seem to be well apparently, in good spirits, attend to their usual occupations, and both the physician and the parents fancy the scrofulous disease cured. In the mean while the disease runs its course and is not perceived until it threatens to enter upon the second stage. If the child should complain of weariness, heaviness and aching pains in the limbs, we are disposed to impute such symptoms to the process of growing, rather than to suppose that a distressing malady is developing itself. And yet it would seem that a careful consideration of all the circumstances of the little patient, might excite our suspicion, and enable us to diagnose the true character of the approaching disease. Perhaps we might, upon closer examination, discover some local swelling of the bone, a little sensitiveness, pain to pressure, and the like. I have had such cases, and have succeeded in cutting short the disease (taking it for granted that it was spina ventosa) by giving *Arnica* when there were lancing pains, with weariness, and after having started the cure by means of *Arnica*, completing it by a few doses of *Mezereum*.

*Mercurius-solubilis* seems to be suitable when the bone is swollen, though not inflamed. It seemed to me, however, that the inflammation was rather promoted than arrested by *Mercurius*, and I now never give it until I feel perfectly convinced that it is adapted to this particular case.

A more valuable remedy in this disease is *Mezereum*, but not below the 6th attenuation. How many cases come to us from allopathic physicians where a quantity of Mercury had been used! How many cases are there, where psora and syphilis exist in combination. But it is the physiological character of *Mezereum* that constitutes its chief recommendation in this disease, and, although the provings of this drug are not, by any means, as complete as they might be, yet they are sufficiently so to convince any one who will take the trouble to study



the symptoms, which have so far been obtained with this drug, that it must be an admirable remedy for swelling of bones.

*Asafætida* enjoys a great reputation for the cure of swollen bones, whether justly, I will not decide. My experience has but too often shown me the contrary. Its indications for spina ventosa are not near as marked as those of Mezereum, and whenever *Asafætida* acted well in my hands, it was used empirically, but not in accordance with the apparent symptoms, for they indicated some other medicine.

*Acidum-phosphoricum* 3d, 6th, 12th, is certainly a much more positive remedy in this kind of diseases. The known symptoms of the drug confirm its curative powers in this sphere. For a description of the particular indications I refer the reader to the *Materia Medica*.

*Silicea* 30th, never lower if we wish to effect a favorable change, is likewise an excellent remedy for swellings of bones, in any stage of the disease, provided always the totality of the symptoms indicates it. Other remedies are Calcarea, Sulphur, Phosphor., Staphys., Hepar, Sepia, &c.

I should have to indulge in tedious repetitions, if I would follow this disease step by step, and describe the remedies which ought to be used from day to day. I will therefore conclude this chapter with a little anecdote which shows how anxiously the great founder of our art was all the time engaged in investigating the cause of disease, and how pertinaciously he adhered to a view as long as nothing better had been found in its place. Speculative theories, hypotheses, and the like, were foreign to his mind, and yet, when a case came before him, he was not able to content himself with merely recording the symptoms of the case; without, at the same time, exerting his reason to obtain a logical perception of their connection and origin. Although he dissuaded his dis-

ciples from indulging in such speculations, yet the following occurrence shows that he did not always obey the rule he laid down for others. In 1816, while I was pursuing my studies at Leipsic, I happened to be on a visit at his house with my friend Hornburg, when a child from the neighborhood, that was covered with scrofulous sores, was brought to him for treatment. After the child was carried away, he explained to us, of his own accord, the internal relation and connection of the apparent symptoms of this case, and then concluded with the exclamation: "this shows you, gentlemen, what deleterious effects the excessive use of coffee has on the human body." As a proof that he honestly believed coffee had produced these devastating effects, I will state that he prescribed Nux-vomica, which is known to antidote the injurious effects of coffee. At that time our *Materia Medica* was still very limited, and it is doubtful whether at this period Hahnemann would entertain the same opinion of such a case, and propose a similar treatment.

*g) Fungus-articulorum (White swelling.)*

This disease is one of the results of scrofulosis. It generally attacks the knee, where it produces a soft, elastic swelling, of the color of the skin, which, if the swelling should grow to any considerable size, becomes tense, shining and whiter than usual. Gradually the swelling becomes painful; the children stand but little on the sick leg, they limp; as the disease increases, the motion of the leg becomes more difficult, and afterwards the joint becomes almost rigid. Little by little suppuration takes place in the swelling, fistulous canals are formed, which change to open sores and cause ulceration of the bones, emaciation, hectic fever and debility. It is quite easy to confound white swelling with arthrocace, inflammation and degeneration of the ligaments and dropsy of the joint.

The principal remedy is *Silicea* which should be re-

peated every eight days. If *Silicea* should not effect a cure, the following medicines may be employed, likewise one dose every week : first *Antimonium-crudum*, afterwards *Petroleum*, *Iodine*, *Clematis*, *Sulphur*, &c.

---

## CHAPTER XXXIV.

### RHACHITIS (RICKETS.)

This disease is, properly speaking, a variety of scrofulosis, and the proper method would be to treat it in connection with all the other forms of this dyscrasia. All authors regard rickets as the prototype of scrofula; if there be a difference, it resides principally in the chemical constitution of the fluids, which deposit the morbid matter in the osseous system instead of some other organ; but it is folly to propose a separate mode of treatment for this disease, the essential character of which is an alteration of the fluids similar to that which exists in every other scrofulous disease. Homœopathic physicians would have found it quite natural if I had annexed rickets to the chapter on scrofulosis, and would have been perfectly satisfied, provided the treatment which I might propose, was in strict accordance with the homœopathic law of cure. But, if some allopathic physician should chance to open this book and should find rickets treated as a mere variety of scrofulosis, what a halloo he would raise, how he would denounce the “ignoramus!” It is to keep the uneasy and methodical gentlemen of the Old School quiet, that I have adopted the arrangement to which they are accustomed.

Mention is made of this disease even by Celsus and other ancient authors, but it was not until the 16th century that it has been more particularly described by English authors. Rhachitis is certainly of the same date as scrofula; for it is only a variety of scrofulosis,

with its local manifestations and developments principally confined to the osseous system, and very frequently accompanied by scrofulous swellings in other parts of the body.

Like other chronic dyscrasias, the disease develops itself gradually, commencing with derangements of the digestive functions, alterations of the secretions, and other symptoms of constitutional irritation; little by little material changes in the solids, especially the bones, cartilages, muscles and skin, develop themselves, and the alterations in the composition of the osseous tissue occasion, in their turn, a number of functional derangements.

Generally the disease commences after weaning the infant, during the first period of teething, and its development is more or less rapid. The gastric symptom which are set down as precursors of the disease, are: flatulence, irregular stool, acidity of the stomach, colic, pale color of the fæces, distention of the abdomen, bad smell of the mouth, and, in many cases, sour eructations and sour vomiting. The children have a ravenous appetite, they ask principally for bread, farinaceous food, potatoes, sometimes vegetables, and uneatable substances. They have a cachectic, pale, dingy look, become cross, languid, indolent; the urine becomes turbid, cloudy, reacts like an acid, and if chemically examined, is found to contain a good deal of the phosphate of lime, probably also oxalic and benzoic acid; the sweat, which is frequently clammy, and the breath, have a sour smell.

The child looks emaciated, the skin and muscles are flaccid. The face looks wrinkled, distorted, and has an oldish and precocious expression; sometimes it is œdematous, and the skin is covered with comedones. The growth of the child is arrested, the children do not acquire the use of their legs, or if they had acquired it, they lose it again; they have a tottering gait and get easily tired. The teeth soon become yellow, brown or black, streaked transversely, carious, they fall out and

hardly grow again ; the gums are bloated and spongy. If the teeth be still in their sockets, they will grow slowly and irregularly. The following alterations take place in the osseous system : the articular processes of the long bones, radius, ulna, humerus, tibia, fibula, ribs, clavicles, swell, whereas the middle portions or bodies of the bones remain thin. The contractions of the muscles which are attached to the softened bones, and the mechanical pressure and weight of the body, occasion curvatures and deformities of the extremities and spinal column. The sternal extremities of the ribs become bulbous ; the sides of the thorax approximate each other, the sternum projects, the knees are generally bent inwards and the feet twisted outwards, so that the body is supported by the side of the foot rather than the sole. The pubic bones are brought nearer to the sacrum, and the pelvic cavity is narrowed thereby. The vertebral column is curved in various ways. According to Rufy, in the smallest children it is principally the ribs and the bones of the upper extremities that are curved ; in children of three to five years the iliac bones and the bones of the lower extremities ; spinal curvatures take place much later.

The bones of the skull present an opposite condition to that of the other bones. They grow harder, but their growth seems to be arrested in another way. The closing of the fontanelles and sutures is retarded, which makes the head look disproportionately larger than the rest of the body. Such skulls afterwards become unusually thick, uneven, rugged, which seems to be owing to some previous deposit in the diploë of the bones. The frontal bone projects, the temples are depressed, the vertex is flattened, and in the region of the frontal suture we frequently see an angular constriction ; all over the skull we frequently notice a number of uneven prominences. The children are fond of depressing the uncommonly large head between the shoulders, or they like to



have it supported. The mental faculties of rickety children are sometimes uncommonly acute; in other cases such children are indolent, cross, imbecile, and the brain becomes frequently hypertrophied, or chronic hydrocephalus sets in, after which the intellectual and sensual functions are still more impaired. (*Canstatt.*)

As natural consequences of the curvatures of the thorax we have asthmatic complaints, dyspnoea, cough, palpitation of the heart, phthisis, &c. The liver is pushing through the depressed diaphragm, looks hypertrophied, but it is only displaced. The disease frequently drags along for years, and takes a new development every time a new tooth is cut; but it rarely passes the seventh year, nor does it always attain a high grade of development; for a suitable regime, treatment and the natural growth of man sometimes effect a cure; or the disease disappears of itself during the second teething period or at the age pubescence. If the disease should not completely disappear at either of these periods, it will rarely yield to art, and such patients scarcely ever attain to the middle age. Permanent sequelæ of the disease are: curvatures of bones, caries, asthma, palpitation of the heart, hydrothorax, emphysema of the lungs, &c., many of which necessarily terminate in death, which is always preceded by hectic fever.

Changes after death: The bodies retain their temperature and flexibility longer than usual; the blood which is very thin, coagulates later; the muscular substance is pale, flaccid, the lymphatic glands are swollen, indurated, and filled with a calcareous or cheesy substance. In some cases the lymphatic system is diseased throughout, especially the mesenteric glands; almost every glandular organ is enlarged, liver, spleen, pancreas, thymus. The bones are frequently so soft that they can be cut with a knife; their chemical composition differs essentially from that of bones in a normal condition; there is proportionally much more gelatine than phosphates,



which disappear almost entirely. The colon is found softened in every case.

*Causes.*—The disease generally breaks out during the first teething period, between the ages of nine months and two years and a half; there are likewise cases of congenital rickets; sometimes we see it in the third, fourth or fifth year. The causes are the same as those of scrofulosis: sickly, weakly, cachectic constitution of parents or nurses; bad milk of the mother or nurse, improper, fat, farinaceous, watery food with tendency to sour fermentation (sugar-tits), excessive feeding or starvation, uncleanness, want of fresh air and suitable exercise, living in a damp, foggy, cold atmosphere; acute, exanthematic diseases, &c. Girls are more frequently attacked than boys, and, on account of the delicacy of their frames, their bones are more readily distorted than those of boys. Rickets is much less frequent now than formerly; this decrease is essentially owing to our more enlightened systems of education.

The *prognosis* is not so very unfavorable, provided the circumstances of the patient do not impair the good effects of the treatment. In the lower grades of the disease, or when arrested by the timely interference of art, curvatures of bones need not be apprehended, but they become unavoidable if the disease should progress, even with the best medical treatment, unless caries, degeneration of the mesenteric glands, atrophy and hectic fever should destroy the patient's life before malformations of the osseous system can develop themselves. Curvatures of the spine, which are the consequences of rickets, are not immediately fatal, but, by arresting and impeding the circulation, they not only impoverish the system, but gradually lead to the formation of diseases of the heart and lungs, asthma, dyspnoea, tuberculosis, dropsy, &c., which sooner or later terminate the patient's life. The prognosis is unfavorable when the disease breaks out soon after birth, and the teeth become gan-

grenous and fall out. It is more favorable when the teeth remain sound, the child does not feel any pain when touched, and the spine is not affected. Chronic cutaneous eruptions sometimes act favorably, so does vaccination, but this may likewise have an unfavorable influence, and cause a more rapid development of the disease.

*Treatment.* The first thing to be done is to regulate the child's diet in accordance with the laws of health. If the child should be brought up by hand, or should have been weaned at an early period, it is well to procure a healthy nurse as soon as the first traces of rhachitis show themselves; this will sometimes restore the child's health, without any further treatment. The period after weaning is an extremely important one in the child's life; for if there should be a tendency to rickets, the disease will certainly show itself if the child should be fed on fat, farinaceous, amylaceous, heavy, sour food, bread, and the like, whereas a little light meat, light vegetables, and soft-boiled eggs will favor the healthy development of the reproductive sphere. I need hardly allude to the propriety of providing for a healthy habitation, cleanliness, diligent bathing, exercise in the open air, light gymnastic exercises, and the like.

Among the remedies which have to be used for this disease, the anti-scorfulous medicines deserve our highest consideration. If gastric causes should have induced the first outbreak of the disease, the remedies for gastric derangements will have to be used, among which *Ipecac.*, *Nux-v.*, *Bryon.*, *Veratr.* and others may be particularly distinguished, although they will not suffice to effect a cure. According to my experience it is in this preliminary stage that cod-liver oil will do the most good, and actually effect a cure, and remove the danger of a relapse, provided a proper dietetic and hygienic regime is observed. The oil may be used internally, and at the same time rubbed on the abdomen. If no improvement should set

in after using the oil for a fortnight, or if the child should evince an insurmountable repugnance to taking the oil, it is a matter of course that some other medicine will have to be used. It is possible that physicians may fail to diagnose the true character of the disease in this incipient state, unless the collateral circumstances should reveal the dangerous meaning of the symptoms; and Dulcamara, Belladonna, Chamom., Ignat., Pulsat., or some other similar remedy may be thought of. But if the abdomen should be hard and distended, if there should be a bad smell from the mouth, with sunken, pale, bloated face, alternate flushes of heat and redness, whining mood, tendency to start, even during sleep, &c., *Belladonna* commends itself as the principal medicine, although it is not sufficient to conquer the disease and restore the normal condition of the bones.

*Acidum-phosphoricum* has a more specific relation to diseases of the bones, and even if the preliminary symptoms should not indicate this agent, it will certainly be found to correspond with the subsequent phenomena of the disease, the bruising sensation in the limbs, the sense of numbness, weariness, the unsteady, tottering gait, the emaciation, with the sickly look and sunken eyes, the frequent appearance of fine rash, the twitching of the hands during sleep, the intermediate state of sleep and wakefulness, the constant ill-humor and state of apathy, the gradual diminution of the intellectual faculties, the diarrhœic stools, the accompanying gastric derangement, &c., for which the 3d or 6th attenuation will be found most suitable.

I am disposed to think that *Ruta-graveolens* might be an excellent remedy for rickets, even if used only as an intercurrent remedy. I have seen rickety children eat this herb with greediness, as if some hidden instinct had told them that it was a good thing for their diseased bodies. Characteristic indications seem to be: a tottering gait, owing to the weakness of the thighs, particu-

larly while going up- and down-stairs, when it becomes extremely painful, as though the bones would break; pain in the limbs, as if bruised, stretching of the arms and legs, and various other symptoms mentioned by Hornburg, who was considered by Hahnemann as one of our most distinguished provers.

*Staphysagria* has decided curative powers in rhachitis. It affects with equal intensity the bones and soft parts, the blood and nerves. A principal indication for *Staphysagria* is, when the front-teeth turn black and break off in little fragments. The 12th to 30th attenuation may be given, without repeating the dose too often.

*Mercurius* and *Asafætida*, although praised by others, have never done much good in my hands; I cannot, therefore, say much in favor of either.

*Mezereum*, *Lycopodium*, and *Calcarea-carb.* are much more important medicines in this disease. Dr. Patzack has employed the *Pinus-sylvestris* with advantage in rhachitis, both internally and externally, and made his report on this subject to the Central Society of homœopathic physicians. I recommend it particularly when children do not acquire the use of their legs, owing to an inherent weakness of the bones. A bath containing a decoction of pine-sprouts and cones should be administered twice a week. For the retarded closing of the fontanelles, *Pulsatilla*, *Calcarea*, and *Silicea* are the best remedies.

---

## CHAPTER XXXV.

### CURVATURES OF BONES.

Curvatures are either congenital malformations or constitute the highest form of rhachitis. The medicines which have been mentioned for rhachitis, will therefore be the most suitable for curvatures.

According to Meissner, the following are the principal causes of curvatures.

*Torticollis* or caput obstipum in the fetus is sometimes caused by a deficient development of the sternocleido-mastoideus muscle of one side; *clubfeet* are caused by the abnormal formation of one or more tarsal bones, by the false insertion of muscles, by the excessive extension of the muscles of one side of the leg, and the extreme relaxation of those of the other side; the *pes equinus* is caused by a contraction of the gastrocnemii muscles, which draw up the heel, so that the child has to walk on its toes, with the feet turned outwards; and lastly, a contraction of the knees, which are either turned outwards or inwards, and sometimes touch each other.

There are various kinds of curvature of the spinal column, 1) *kyphosis* or curvature from before backwards (hunchback); 2) *Scoliosis*, or lateral S-shaped curvature of the spine; 3) *lordosis*, or the curvature from without inwards, and 4) *contorsio spinæ*, in which case the spinous processes of the vertebræ deviate from the straight line, the vertebral column appears twisted, and the shoulders are not in a perpendicular line with the hip-bones; this kind of contortion is said to be a common accompaniment of scoliosis, and, according to *Rokitansky*, generally exists on the opposite side of the lateral curvature. It is well known that these different varieties of curvature are not always strictly distinguished in nature, and it is likewise known that such curvatures produce pelvic contractions or displacements, which may have disagreeable consequences, especially to females.

In examining spinal curvatures we should particularly inquire into the relative position of the scapulæ and haunchbones, the direction of the clavicles, the manner of hanging of the upper extremities, the position of the pelvis, the shape and volume of the dorsal muscles, whether small or large, regular or irregular, the manner in which the child carries the head, and the length of time that the muscles can be exercised without feeling weary and languid. In examining the vertebral column,

we have not only to notice the direction of the spinous processes, but the sensitiveness of particular spots to the touch, or to a sponge dipped in hot water, which we rub along the spine; in case such a sensitiveness should exist, we have to infer inflammation and caries of the vertebræ and ligaments. In case of osteo-malacia, which, according to Meissner, scarcely ever exists in infancy, the children complain of painfulness deep in the affected bones, they dread moving them, prefer lying on their backs, suffer with paralysis of the lower extremities, and lose their flesh very rapidly. Kyphosis is generally the result of osteo-malacia and rhachitis, whereas muscular malformations generally lead to variolosis.

Curvatures may arise from every portion of the spine, but their chief acting point is the scapular region. If shortness of a leg or the malformation of the pelvis should be the cause of the curvature, it generally proceeds from the lumbar region.

There are various dynamic causes which produce spinal curvatures: a delicate, weakly and especially a lymphatic constitution, congenital scrofulous or rickety disposition, retarded development of the period of pubescence, chlorosis, muscular debility in consequence of sickness, rapid growth, want of exercise, and other causes depressing the muscular energy. If the muscles should actually be weak, spinal curvatures may easily be occasioned by a sedentary mode of life or habitual stooping, especially during the period of growth. In scrofulous and rickety children a trifling cause is sometimes sufficient to develop the malformation, such as seating the children prematurely, carrying them on one arm, or a fall, a hurt, a racking cough, the use of corsets, &c. Curvatures may be occasioned by various local diseases, such as inflammation, suppuration, caries, tubercles, indolent tumors; and, according to Rokitansky, coxalgia and pleuritic effusions on one side. The true cause of curvature, recognized by most modern orthopædists, is a



functional disturbance of that portion of the nervous system which is destined to regulate the growth and functions of the diseased bone.

Curvatures lead to many unpleasant and distressing consequences, such as displacement of organs, of the heart and lungs for instance, from which result : frequent nose-bleed, palpitation of the heart, vertigo, fainting, headache, disposition to apoplexy, hæmoptysis, shortness of breath, asthmatic complaints, cough, phthisis, hydrothorax. Of the abdominal organs, the liver, spleen and stomach are principally affected, and the phenomena of such affections are : gastralgia, dyspepsia, continual vomiting, organic diseases of the stomach, obstructions, hæmatemesis, indurations, &c. In kyphosis we frequently have caries of the vertebræ, paralysis of the lower extremities, rectum, urinary bladder ; in lordosis, which generally takes place in the lumbar region, we have pelvic contractions, excessive inclination of the pelvis, descension of the abdominal viscera, disposition to hernia.

Among the prophylactic means we distinguish in the first place those that tend to eradicate scrofula and rachitis ; erect carriage of the body ; the carrying a heavy load on one side of the body is just as injurious as the premature use of the legs or the continual sitting of weakly, scrofulous children, or carrying them all the time on one arm. Sleeping on hard mattresses is advantageous ; but leading-strings and such like artificial supports should be avoided, for they have a tendency to twist the body and to cause spinal contortions and high shoulders. Club-feet cannot be cured by internal medicines alone ; mechanical and surgical means will likewise have to be employed. Nor can the cure be effected without taking the children out into the open air for several hours every day.

The homœopathic treatment of such malformations is more or less based upon analogy and empiricism. Only

in a very few cases is the approach of the enemy suspected; the disease develops itself slowly and insidiously, without any striking symptoms, and we frequently are not aware of it until we behold it in all its deformity. I have known cases where the children would complain of pain in the back, without being able to tell where the pain was located; they would sleep well, lie down, here or there, restlessly, but without fever; they would play, and the organic functions would be pretty regular; gradually pains in the limbs and joints, similar to those in the spine, would develop themselves and would lead me to diagnose rheumatism, which, however would not yield to the ordinary remedies. In such cases, the original pain in the back is undoubtedly the principal symptom, and the other pains are mere sympathetic or reflex-manifestations of nervous disturbance. On examining the back with more care, we now discover a painful spot which is the primary seat of the general irritation, and a few doses of *Mezereum*, *Asa*, *Mercurius* or *Lycopodium*, will sometimes suffice to arrest and remove the suddenly-manifested inflammation of one or more spinal vertebræ. If this period should be allowed to pass unnoticed, the curvature will develop itself, without any remedial agent being capable of arresting it. If the child's health should otherwise be unexceptionable, it cannot be supposed that such a curvature should be owing to the softening of one or two vertebræ; for in this case other portions of the bony system, the epiphyses of the long bones, for instance, would likewise be diseased, and it would be a clear case of rhachitis.

If the curvature should have been caused by an inflammation of the bones, the above-named four medicines are undoubtedly the most suitable to commence the treatment with, to which *Belladonna* may be added, if the inflammation and fever should be very acute, and likewise *Pulsatilla*. Aconite is no remedy for this disease, even if the fever should be violent. If there should be but

little pain and little apparent inflammation, *Sulphur* and *Calcarea*, with a little *Nux* or *Pulsatilla*, as intercurrent remedies, according to temperament, constitution, or hygienic irregularities, &c., are the most available remedies. They should be repeated from time to time, and then a dose of *Lycopodium* should be given, and be allowed to act for a time. After giving another dose of *Sulphur* or *Calcarea*, *Silicea* may be exhibited. There are other medicines which belong to this category, such as *Sepia*, *Phosphorus*, *Acidum-nitri*, *Rhus-t.*, *Hepar*, *Staphysagria*; but all hasty repetition of the medicine should be avoided in a disease where the changes are so slow, and the dose should certainly be repeated once at least, in order to make perfectly sure that it has no good effect in this disease.

A deficiency of bones or muscles cannot be remedied by internal treatment; nature, time and habit will teach the patient to bear his sufferings; but in cases where muscular contractions should have been superinduced by morbid causes, we are sometimes able to benefit the patient by internal remedies, such as *Rhus-tox.*, *Conium*, in cases of contusions and violent straining, for which *Arnica* had been given without effect, and had even allowed a stiffness of the muscle to set in. If a curvature of the bone should lead to muscular contraction, we may employ, together with the above-mentioned remedies, *Silicea*, *Lachesis*, *Dulcamara*, *Colchicum*, *Nux-vom.*, *Graph.*, and others. There are other medicines which may be employed for malformations of bones, but it is needless to enumerate them. For malformations of bones, accompanied by muscular contractions, some more medicines might be named. I do not mention the dose, some employ the lower, others the higher attenuations with equal success; age, constitution, the duration and intensity of the disease, have to decide what dose shall be used.

In two cases of children whose knees touched each

other laterally in walking, and where the children had to walk on the inner edges of the feet, I have given *Brucea-anti-dysenterica* with good effect. This, however, is no criterium for the curative virtues of this disease in defects of this kind.

Without the use of one or more of the above-mentioned remedies, it will probably be found impossible to cure curvatures and contractions, but even they will be found insufficient, unless we employ at the same time mechanical means, both for the purpose of removing the disease and of keeping the restored parts in place. It is only ignoramuses and privileged fools that will undertake to remove such malformations exclusively by internal treatment. Homœopathy itself is not responsible for their absurd pretensions. The cure of club-foot is probably facilitated by warm baths. Torticollis is sometimes the result of some inflammatory rheumatic affection, and may be advantageously treated with *Bryonia*, *Pulsatilla*, *Beladonna*, *Aconite*, &c.; for the luxation pains in the cervical vertebræ, from which the curvature arises, *Bryonia*, *Nux-vom.*, *Cinnab.*, *Lachesis*, &c. are suitable remedies, and for the contraction of single tendons of the cervical or posterior cervical muscles, *Rhus-tox.* *Stramonium*, *Hyoscyam.*, *Dulcam.*, *Zincum*, *Selen.*, *Arsenic*, seem to be appropriate remedies.

A description of the mechanical and surgical processes and manipulations will be found in works on surgery.

---

## CHAPTER XXXVI.

*Claudicatio spontanea, Luxatio spontanea, (Voluntary, spontaneous Limping.)*

Although this affection generally befalls weakly children, affected with scrofula or rickets, it may nevertheless develop itself also in robust and otherwise healthy

children, in whose constitution a rheumatic affection has become firmly seated. The common method of ascribing this disease to debility, scrofula or rhachitis, is extremely convenient, and helps to justify the unreasonable length of the uncertain and unsatisfactory treatment which is generally resorted to for this disease. I can truly say that, by means of suitable homœopathic remedies, I have frequently succeeded in curing this disease in a few days, but have never cracked this up as a great cure. If the disease should have been prolonged in consequence of bad management, a cure will take place much more slowly, and frequently remain incomplete, even if the weak parts should be supported by mechanical means.

In order to diagnose this disease correctly, it is necessary to have observed some cases of it. At first there is very little or no pain, but all at once, especially in the morning, the children commence to limp, but this disappears again after they have walked a little. Larger children complain of a strange sensation in the hip-joint, also in the morning hours, and a certain rigidity and awkwardness are experienced in the affected extremity, and soon after a sense of weariness and prostration. Little by little shooting stitches strike through the hip-joint, and afterwards extend even to the knee, with a sensation of pain, and in some cases as far as the inner malleolus. At this period there is nothing abnormal about the hip-joint, except a distressing pain, which is experienced by pressing the head of the femur strongly against the acetabulum. At a later period this pain is felt spontaneously, without making pressure. These appearances may be only transitory, and it is therefore necessary to institute a fresh examination every day. As yet the child is able to stand erect and to extend the foot. As the disease progresses, the child begins to complain of pain and a languid feeling in the knee, and the child's gait becomes unsteady, tottering and limping.

After weeks or even months the disease passes into



the second stage, when the diseased leg appears longer than the other, thinner, weaker, and relaxed; the nates become flat, the fold between the nates deeper, and the trochanter major is more outwards and downwards. These alterations of shape are noticed, no matter in what position the limb may be placed, and if the child should stand with the flat foot on a level, so that the sides of both feet touch each other, the knee of the diseased leg will be found to project from three to four inches. In most cases, the foot is either turned inwards or outwards. At this period the pain in the knee is the most violent and leads inexperienced physicians to diagnose a disease of the knee. Gradually the inguinal glands become painful, the limping and the emaciation increase, hectic fever sets in, the digestion becomes weaker and the disorganization of the joint commences.

In the last stage of the disease the hip-joint swells, and fluctuations in the joint are distinctly perceived. Soft and dark spots develop themselves, which gradually break and discharge a mixture of lymph and bad pus. From this period forwards the foot is turned inwards; the sole of the foot no longer touches the floor in an upright position, and the swollen buttocks swell still further. The abscess does not always discharge on the outside; the pus, after the acetabulum is completely disorganized, sometimes discharges into the pelvis and destroys the adjoining bones. After the abscess discharges, the pain abates somewhat, and even the tension in the foot is less; but from this period forward the strength is gradually exhausted by suppuration and hectic fever, and death soon closes the scene. If fistulous passages form, the dead masses are frequently detached or absorbed, the suppuration diminishes and the patient's life is preserved, which is especially the case when the fistulous passages close and the hectic fever ceases. The existing ankylosis, of course, cannot be remedied. The disease may be confounded with fungus articularis, or



scrofulous swelling of the joint; in the present disease there is no swelling. Psoitis is distinguished from spontaneous limping by the fact that in psoitis the pain is in the lumbar region, especially when standing or when moving the limb, and that the direction of the foot is not altered. In spontaneous limping, which depends upon an irritation of the anterior or posterior crural nerve, there are no perceptible alterations in the joint, and the direction of the foot remains the same.

Individuals affected with scrofulosis, rhachitis, arthritis or rheumatism are predisposed for this disease. The rheumatism is frequently occasioned by a cold and by the children lying on damp ground. The disease may likewise set in by metastasis of acute cutaneous eruptions, after suppression of the itch, tinea, herpes. Exciting causes are: a hurt, fall, contusion, concussion of the hip-joint.

The prognosis depends upon the constitution of the child, the existing predisposition, the nature of the exciting cause, the degree of development to which the disease had attained; if the child have a scrofulous or rickety disposition or be very young, the danger is of course much greater. The first stage is the least dangerous; the stage of suppuration and disorganization, even if not unavoidably fatal, yet almost always terminates in organic malformations.

*Treatment.*—Let the exciting cause be what it may, the essential nature of the disease is an inflammatory process going on in the acetabulum, the seat of which is the head of the femur, or the synovial membrane, the cartilage or the fibrous tissue. I know of no more specific medicines for this disease than *Mercurius* and *Bel-ladonna*. In one case I gave *Mercurius* 2d, one grain, and the disease was removed in the course of four hours. In other cases I have given *Mercurius* with the same good effect; only when the suppuration had already commenced, and the inflammation had probably been irritated

by mechanical manipulations, I give *Belladonna*, which at the same time antidotes the excessive action of *Mercurius*. A characteristic indication for *Belladonna* in the second stage is the pain in the knee, although only a secondary or reflex-symptom occasioned by the tension of the muscles or the stretching of the nerves caused by the inflammation going on in the acetabulum. In order to mitigate the pain, the child bends the knee more than usual, prefers a recumbent posture and avoids contact ; at night the pain continues without an intermission, probably owing to the natural exacerbation of the disease which is an additional indication for *Belladonna*. I have never given it lower than the 24th attenuation. Both the *Mercurius* and *Belladonna* have to be repeated if one dose should not suffice to effect a cure. Sometimes the *Mercurius* or *Belladonna*-symptoms reappear more or less alternately ; in such a case the *Mercurius* and *Belladonna* may be given alternately a dose every twenty-four hours.

If these two remedies should not suffice to a cure, or if the disease should be first seen at a very high degree of development, or complicated with other symptoms, other medicines, beside those already named, may be required. One of these is *Colocynthis*. The question is, of course, whether the little patient is intelligent enough to express his pains with sufficient clearness to enable the physician to decide. The patient complains of pain in the hip, knee. But these pains likewise point to *Mercurius* and *Belladonna*. A tension in the affected part is a still more precise indication for *Colocynth*. If the child should be too little to define its pains, the routine succession of the *Mercurius*, *Belladonna* and *Colocynth* will have to be more or less resorted to, unless the previous allopathic treatment with Calomel, the actual cautery, &c. should render a modification of this treatment necessary. The most suitable attenuations are the 12th, 18th, 24th.

*Rhus-tox.* deserves particular commendation in this disease, especially when we consider that it is an excel-

lent remedy for scrofulosis and rhachitis generally, for the consequences of a cold which children take by bathing in too cold water, for strains and sprains, &c. The aggravation of the pains during rest or in the open air, a tensive sensation in the tendons of the sick limb, as if they were too short, bruising pains in the limb, which cause the child to scream when touched, the stiffness and want of mobility in the limb when first using it after resting, all these symptoms are additional indications for Rhus, provided the physician has sufficient sense and knowledge of disease to discover the existence of these symptoms by suitable interrogations and observations. It is not sound pathology and suitable pathological names that Hahnemann inveighed against. What he condemned was an absurd routine practice, based upon stereotyped names of diseases. If he meant to succeed in the grand and glorious undertaking of establishing a better system of therapeutics, it was indispensable that he should drop all existing names, agreeably to the dictates of sound and scientific criticism; if he had not been a pathologist of the highest order of science, such a criticism and the courage to undertake it, would have failed him. Hahnemann desired that every physician should be truly acquainted with all the delicate and characteristic symptoms of each case, and prescribe a remedy in accordance with these indications. No physician who is not a sound and scientific pathologist, is capable of arriving at an exact knowledge of the truly characteristic and essential symptoms of a case; he alone is able to institute a suitable examination; he alone knows what questions have a direct bearing upon the case, and what other questions are superfluous or improper; and it is really amusing to see pedantic ignoramuses in our School turn up their noses at sound pathological science which is the indispensable basis of a true system of homœopathic therapeutics, and, in examining a patient, indulge in a series of trifling and childish questions which would excite the contempt even of an intelligent layman.

Beside the above-mentioned remedies we have moreover *Sulphur* and *Lycopodium* in protracted or mismanaged cases, and if suppuration, caries, coxarthrocace, &c. should have set in, *Hepar*, *Silicea*, *Zincum*, &c. may be added.

Without wishing to censure the Old-School treatment of this disease, I ought nevertheless to say to my younger colleagues that I have never had occasion to regret having abandoned that treatment and substituted the homœopathic treatment in its place. Even when assailed by the entreaties of parents to employ the allopathic means of cure, I have invariably refused to do so, and have always been rewarded by successful results for my faithful adherence to the homœopathic law. Even cases that came to me from the hands of allopathic physicians, were subjected by me, for weighty and justifiable reasons, to a strict homœopathic treatment, in spite of the reviling sneers of my allopathic opponents and even of pretended homœopathists. But this was at a period when base intrigue was considered a cardinal virtue in the homœopathic ranks. Truth is progressing and conquering the prejudices and jealous pride of false science, and I advise my younger brethren to remain faithful to the demands of the strictest homœopathic art, and never to participate in the barbarous practices of the Allopathic School, its leeches, mercurial frictions, vesicatories, setons, blisters, cauteries, incisions; for such practices invariably entail worse consequences upon the patient than even an indifferent homœopathic treatment.

#### NOTE BY DR. HEMPEL.

Hartmann has failed to mention *Aconite* as a remedy for this malady. What his reasons may be, I am unable to say. But it is evident that in a malady the essential character of which is inflammation, *Aconite* must be a useful, and indeed an indispensable remedial agent. Why should *Aconite* be more suitable in croup, for which

Hartmann recommends it on the ground of its corresponding with the pathological character of croup, which is an inflammatory state of the laryngeal mucous membrane, than in spontaneous claudication, the pathological character of which is an inflammatory state of the hip-joint? Aconite is indeed a grand and sovereign remedy for this disease, whether the inflammation be located in the joint, or in any portion of the thigh corresponding to the tract of the crural nerve. But in a disease of this kind I would not trust to the attenuations; the mother-tincture, two or three drops in a tumblerful of water, and a tablespoonful or half a tablespoonful every hour or two hours, as the case may be, should be used; it alone, according to my experience, will be found capable of arresting and subduing the inflammation. A strictly symptomatic treatment can only lead to a cure, in so far as the pathological process, by which I mean the internal, invisible, vital disturbance, and not the visible, and more or less fallacious pathological alterations, corresponds with the internal, physiological action of the drug, and not only with the technical nomenclature of the symptoms. Wherever this internal correspondence exists, the medicine will act as a true remedial agent, and there is scarcely a drug in our *Materia Medica* where this internal correspondence is more important and more suggestive of practical applications than Aconite. It is this internal correspondence much more than the external symptoms which constitutes Aconite our chief antiphlogistic, and indicates it as the true remedial agent in a variety of important diseases for which the mere symptomatic or subjective indications are, for a variety of reasons, extremely deficient. One of these diseases, among many others, is *œdema glottidis*, the internal or true pathological character of which is the same as that of croup, and for which Hartmann recommends Arsenic as the specific remedy, whereas the true specific remedy is Aconite.

SAPIENTI SAT!



## CHAPTER XXXVII.

## NOMA, CANCER-AQUATICUS, GANGRÆNA-ORIS, STOMATOMALACIA-PUTRIDA (GANGRENE OF THE MOUTH.)

This is a malignant, gangrenous or putrid ulcer, which destroys the adjoining parts very rapidly. The local affection is scarcely ever preceded by precursory symptoms, and is supposed by some to be related to pustula maligna, by others to a carbuncle.

*Symptoms.*—At a spot in the buccal cavity, scarcely ever on the outer cheek, there starts up, without any apparent previous inflammation, a whitish, reddish or even at the outset blackish pimple or vesicle, which frequently remains unheeded, so that at the first examination, the physician discovers a scurf; this is accompanied by swelling and hardness of the surrounding cellular tissue, painless, and neither very red nor very white; the skin looks pale, livid, waxen, and shines like grease; as a general rule, the cheeks, lips, eyelids are exceedingly œdematous, the parotid and cervical glands are very speedily involved in the disease. The vesicle soon breaks, discharges a blackish ichor and changes to a livid little ulcer. From this period forward the mortification spreads rapidly over the surrounding parts, which are transformed into a gray, ash-colored, or black, papescent scurf, or into a putrid, badly-colored, soft and disorganized mass, containing all the parts in a state of decomposition; sometimes the gangrenous process is dry as a mummy. In most cases the destruction commences in the middle of the cheek or in the corners of the mouth, whence it spreads in breadth and depth, invades the teeth and bones, spreading upwards to the orbits and forehead, and downwards to the neck and chest. Teeth, jaws, palate, nasal bones, the cribriform bone become soft



and are destroyed, unless death should take place before such a calamity can set in. From the insensible, irregular, shaggy surface of the ulcer a thin, sanguineous ichor is discharged, having a cadaverous smell; the edges of the ulcer are hard, indented, of the color of charcoal, and surrounded by a dark, shining redness; the bottom of the ulcer is covered by a thin, ash-colored substance. The portions which are detached, do not bleed. In some cases other gangrenous blisters start up by the side of the first ulcer, which likewise break and spread the destruction onwards. If, as is usually the case, the destruction should have commenced on the inner side of the cheek, an ash-colored, livid spot is soon after perceived on the outer cheek, after which the cheek is perforated by the gangrenous process. The saliva which is discharged in large quantity, is mixed up with the dirty-looking, foetid ichor, which corrodes the lips and corners of the mouth. From three to eight days are sufficient to transform the cheeks, lips and eyelids into a soft, putrid mass.

Fever and symptoms of constitutional irritation are generally absent until the local destruction and the absorption of ichor take place; in the commencement of the disease and even after it has made considerable progress, appetite and sleep remain good; it is only in the last stage that the breathing sometimes becomes oppressed, the pulse small and frequent, colliquative diarrhoea with tenesmus, fainting fits, sopor and delirium set in. Death ensues in from five to fourteen days, and is sometimes preceded by œdema of the feet and whole body. (*Canstatt.*)

If nature or art should succeed in arresting the process of destruction, we first perceive an abatement of the foul smell, the inflammatory redness of the edges of the sore and the swelling of the surrounding parts diminish; instead of ichor a healthy pus is secreted and healthy

granulations shoot up on the ulcerated surface. These changes are accompanied by constitutional improvement.

*Causes.*—It is seldom that full-grown persons are attacked by this disease; those who are most frequently attacked, are children from two to ten years; infants at the breast appear to be protected. Children with cachectic constitutions or exhausted by acute diseases, are more particularly predisposed for the disease. The patients generally are unhealthy, scrofulous, sensitive children, with blond hair, reared in poverty, with bad food, in bad air, in foundling-houses, alms-houses or orphan-asylums. The disease frequently occurs in the convalescent stage of acute exanthems, especially measles, scarlatina, smallpox, or as a sequela of whooping-cough, dysentery, typhoid and intermittent fever. It is possible that the excessive use of Mercury, especially Calomel, may predispose the infantile organism for this disease, although the sphacelous disorganization which develops itself in consequence of mercurial salivation, is quite different from noma. The disease never spreads like an epidemic, and, if it ever attack a number of persons at one time, it is only in the wake of other epidemic diseases; upon the whole the disease is of very rare occurrence. It is not contagious, and it is seldom that several children of one family are attacked by the disease, although living in the same circumstances and exposed to the same disturbing influences; nevertheless it is advisable to always separate the healthy children from the sick one.

Beside the above-mentioned disorganizations, post-mortem examinations frequently show gangrene of the stomach, lungs and other viscera; the heart and lungs are generally pale, bloodless and relaxed, the brain frequently contains a serous effusion, &c.; in several cases reported by Froriep, the blood in the heart and large arteries had a watery consistence, and was deficient in fibrin. All the other numerous alterations which occur

in noma, vary, they are not necessarily resulting from this morbid process and are either occasioned by previously-existing and predisposing morbid conditions, or by the act of dying.

The *prognosis* is very unfavorable ; most patients die. The younger the child, the more enfeebled its constitution, and the more unfavorable its outward circumstances, the worse the prognosis. The worst cases are those which come on after acute exanthems. In case of recovery, considerable deformities remain behind, which, however, are sometimes repaired in the most wonderful manner by the recuperative power of nature.

*Treatment.*—I am disposed to recommend *Secale-cornutum* for this disease, although *Arsenic*, according to several cases communicated by Dr. Arnold in Hirschel's Homœopathic Gazette, seems to deserve a preference over *Secale*. *Arsenic* has indeed a few characteristic symptoms, such as : eruption on the lower lip, resembling noma, with thick crust and lardaceous base ; spreading ulcer on the lip, &c. ; swelling of the sub-maxillary glands ; elastic swelling in the face, especially on the eyelids, always with fainting fits and vertigo ; blueish, black-spotted lips ; swelling of the lips ; a brown streak consisting of shrivelled, burnt-looking epidermis, traverses the vermilion border of the lower lip, &c. Arnold gave the 4th decimal attenuation of *Arsenic*, and indeed very properly, for such a rapid and violent process of destruction cannot be arrested by small and highly potentized doses. In a case of noma, reported by Dr. Thorer, twenty-four years ago, in the All. hom. Zeitung, *Arsenic* 30th, one globule, had no effect. But may not this have been owing to the smallness or non-repetition of the dose ? The lower triturations of *Arsenic* in a disease of this kind are certainly preferable to the higher attenuations, and would probably be preferred by all, if some homœopaths were not blind advocates of the exclusive use of high potencies. My maxim is, let every

body have his due, but let each disease have its due likewise. If the second dose of Arsenic should be unable to arrest the disease, then is the period for the exhibition of *Secale*, second trituration. Among the physiological effects of *Secale* we have the following: the parts soon become cold and lead-colored, and even black and gangrenous, the destructive process speedily invades the bone; bloody blisters soon terminating in gangrene; gangrenous, black, suppurating pock; tumors on the neck; anthrax; even the post-mortem changes correspond to those of noma. Should not these symptoms induce us to try *Secale* in a disease where death is so certain and every other remedy seems to leave us in the lurch? It is certainly more appropriate than the external use of acids, the chloride of lime, the sublimate, the cauterizations of the Old School.

China, Chlore, Iodine, the hydriodate of Potash, Acidum-muriat., Kreasotum, Silic., Rhus-tox., might be useful in some cases, but these remedies will be found less efficacious than the other two.



## PART THIRD.

---

DISEASES PRINCIPALLY OCCURRING FROM  
THE SECOND PERIOD OF DENTITION  
TO THE AGE OF PUBESCENCE.





## PART III.

### DISEASES PRINCIPALLY OCCURRING FROM THE SECOND PERIOD OF DENTITION TO THE AGE OF PUBESCENCE.

Many of the diseases which have been described in the first two parts of this work, may likewise happen in the third period, and the diseases of this period may occur in any of the former periods of infancy. This is more particularly the case with

#### *Acute Exanthemata,*

for they are generally communicated by contagion and have an epidemic character. I have deemed it expedient to mention them all together in this last part of the work.

In acute exanthemata it is not only the skin that is affected, but the mucous membranes and other internal organs are involved in the process of disease. As I said above, most exanthematic diseases in this period are epidemic, but their dangerous character is lessened by the fact that they run a regular course which a proper homœopathic treatment is capable of abridging and rendering more mild. Among the exanthemata which are peculiar to infancy and childhood, we distinguish smallpox, varioloid, varicella, cowpox, scarlatina, measles and rubellæ.

## CHAPTER XXXVIII.

## VARIOLA (SMALLPOX.)

The genuine variola-principle is received into the organism by the respiratory organs, the mucous membranes, the skin, or by inoculation. It breeds a parasitical formation in the organism, resulting in the production of vaccine, which is endowed with the power of propagating the disease. For the purpose of instituting a sound treatment, and conducting it to a successful termination, it is indispensable that we should be acquainted with the normal type of simple, erethic smallpox, after which we shall have no trouble to distinguish exceptional forms and phenomena. Canstatt, in his "Handbuch der medizinischen Klinik," furnishes the following correct description of the course and symptoms of smallpox. We distinguish the following periods or stages.

*Stage of incubation*, generally lasting twelve, sometimes eight and also fourteen days. This stage is sometimes free from all perceptible symptoms of disease until the eruption breaks out; sometimes however the patient feels uncomfortable, cross, depressed in spirits, has frequent chills, is restless and sleepless, seized with vertigo, has no appetite, frequent changes of color, &c. Except these trifling and scarcely noticeable symptoms, this stage would have very little clinical value, if it did not in most cases coincide with the

*Stage of invasion*, or the precursory stage of the disease, which generally commences with continual chilliness and repeated shiverings, sometimes continuing for days, and alternating with heat, until this becomes permanent; these symptoms are accompanied by a frequent, soft pulse, violent thirst, loss of appetite, colicky pains and diarrhœa, headache and the like. The fever during the eruptive stage is more particularly characterized by

a) gastric symptoms, such as, coated tongue, bad taste, nausea, vomiting, frontal headache, dark urine, constipation; the vomiting especially sometimes continues until the eruption is fully out; b) stiffness and violent pains in the back and lumbar region, corresponding in violence to the intensity of the eruption, and having sometimes the character of rheumatic pains; they disappear after the eruption comes out; c) somnolence, starting and crying out during sleep, grating the teeth, convulsive motions; these phenomena generally occur in the evening and at night, and then increase in violence; the breaking out of the eruption is sometimes preceded by an epileptic attack, after which the exanthem runs a mild course. Singultus is frequently seen among the precursory symptoms; d) less frequently are coryza, sneezing, hoarseness, cough, stitching in the chest, dyspnoea, angina, tenesmus, dysuria; painfulness of the inguinal and axillary glands, feeble pulse; in this stage we sometimes notice paroxysms of great sinking of strength, characterized by paleness, fainting, &c., and supposed to augur unfavorably for the further course of the disease; e) all these phenomena remit in the morning, sometimes accompanied by the breaking out of sweat, which continues during the whole of this stage, disappears entirely while the eruption lasts, and does not reappear again until the desquamation has commenced; the cutaneous emanations and the breath of the patient have already now the smell of musty bread; f) this stage lasts from two to three days, is seldom shorter, but may last longer in patients with feeble constitutions.

The intensity of the disease increases every succeeding evening, until it reaches its acme on the third evening, during the third fever-exacerbation, at which period the exanthem shows itself.

*Eruptive stage.* At the end of the third or fourth fever-day the eruption first shows itself, in the shape of small, hard, inflamed, red stigmata, resembling flea-bites,

first in the face, on the forehead, nose, chin, upper lips, cheeks ; afterwards on the neck, chest, back and upper extremities ; these stigmata increase in size, become flatter, and are as far below as above the surface of the skin. The exanthem is rarely distributed equally over the whole skin ; frequently one or two stigmata appear, and change to vesicles, after which the eruption takes place all over the skin. It is said that then the eruption generally runs a mild course. In some cases the eruption deviates from the regular course, and the stigmata first appear on the chest, then on the abdomen, and lastly in the face. On the lower parts of the body the eruption is proportionally less than on the upper. When the eruption is composed of single, disconnected pocks, it is generally complete on the fourth or fifth day, after which the fever- and other precursory symptoms abate, and a copious warm sweat and sedimentous urine make their appearance ; the pulse becomes softer and slower, the breathing more regular, the patient quieter ; as soon as the fever terminates, the eruption is, in most cases, at an end, and no new pocks break out ; on the other hand, the peculiar variola-odor becomes more manifest, and remains during the whole course of the eruptive stage. The exanthem likewise breaks out on the internal mucous membrane, where it becomes visible near the external orifices, in the buccal cavity, on the tongue, the soft palate, in the throat, on the inner margin of the eyelids, &c. ; here it looks like white, pearl-colored elevations on bright-red spots, like aphthæ, and is accompanied by difficulty of swallowing, ptyalism, roughness in the throat, coryza, lachrymation and similar catarrhal phenomena. This form of the disease might be termed the stage of efflorescence.

Before passing onward, it is well to describe the metamorphosis of the pocks from their first appearance until the final desquamation. Each pock passes through the following stages : breaking out of the stigma, trans-

formation into a pustule and desiccation. This course takes about twelve days, and each stage requires about three days. Inasmuch as the eruption does not appear simultaneously all over the body, the pocks on different parts of the body must present different stages of development; hence, to study the true development of the eruption, it is necessary to confine one's observation to a single pock; for, when the pustules in the face break, those on the feet are only full, which takes place within a period of from three to five days.

On the second day of the appearance of the stigma, its tip changes to a rather flat vesicle, filled with a clear liquid, of the size of a pin's head on the second day, and increasing in size on the third, until it reaches the size of half a pea with a pit in the centre and a bright-red areola all around. On the third day the fluid in the vesicle assumes a milky, white, yellowish appearance; if pricked, the contents of the pock are only partially discharged, owing to its being divided as it were into compartments; on the sixth day the pock is fully formed and enters the stage of suppuration. It increases in size, takes a globular shape, changes to a yellow color, first in the centre, afterwards at the circumference, the area swells and assumes a dark-red appearance, the pustule loses its pit, and when pricked, discharges its contents completely; the scarlet-colored areola round the pock spreads like erysipelas over the adjoining parts of the skin, and causes them to swell, with burning pains. If the pock be not opened, it remains in this condition about three days, after which it enters the period of desiccation, which commences on the 11th or 12th day of the disease. Either the pustule breaks and the viscid, thick pus which oozes out, changes to a crust, which is at first of a bright-yellow and afterwards changes to a brownish color; or else the pustule remains intact and dries up; changing to a brown, black color and becoming harder, all inflammation and swelling disappearing at the same time.



Not all the pocks pass through all these different stages ; on the feet, for instance, we see some pocks dry up sooner, in which case they are converted into small, rather hard papulæ, with thinner, scaly little scurfs. The crust, which is generally pretty firm, adheres to the skin for four or five days and even longer, falls off on the 14th or 15th day, and leaves a dark-red, reddish-brown spot, or, in case the suppuration had penetrated the skin more deeply, a cicatrix of a peculiar shape. According to Heim the true variola-cicatrix is of an uneven surface and irregular shape, rough like lemon-peel, of the same color as the skin, dotted, but does not impede the growth of the hair ; the grooved borders remain and cannot be filled out, even if the skin should be stretched ever so much ; they are frequently distinguished by irregular angles, like seams or sutures, and, if existing in large numbers, disfigure principally the face and hands.

After having given a description of the mode of formation and development of a single pock, I shall now proceed to complete the description of the disease generally.

As the pocks change to pustules, the general symptoms of the disease are correspondingly altered. In proportion as the areola round each pustule spreads, the general swelling of the skin increases, and, in the face, which has the greatest number of pocks, the swelling is sometimes so considerable that the eyelids are closed and the features completely altered ; if the rest of the body should be swollen as badly, the motions of the limbs become painful and frequently impossible. The skin burns and the patient complains of an intolerable, painful itching, which compels him to scratch. The cervical, axillary and inguinal glands frequently swell. On the 9th day of the disease the so-called suppurative fever sets in, with repeated chills, burning heat of the skin, unquenchable thirst, frequent, full pulse, headach, restlessness, evening-exacerbations, nightly delirium ; to-

wards morning the fever remits, and sweat breaks out, with a strong smell of smallpox; the urine becomes turbid, flocculent, with a thick, slimy and sometimes purulent sediment. In children the cervical and parotid glands do not swell as much as in full-grown persons, and the salivation, which is, however, no unfavorable symptom, is on that account, less copious in the case of children; this secretion of mucus is, however, frequently owing to the existing ulceration in the mouth. The stool, in the case of children, is generally liquid, and, in confluent smallpox, it is apt to change to a diarrhœa; vomiting, nosebleed, &c. is not unfrequent. As the pustules dry up, (*stage of desiccation*) the fever gradually decreases, and the recovery of the patient goes on at rapid strides, although the sensitiveness of the skin continues for a long time.

Such is the natural course of smallpox, but the physician frequently meets exceptional phenomena, which require a few words of explanation.

The first development of smallpox may be an intensely-inflammatory process, as in confluent smallpox, with synochal fever and corresponding violence of the other symptoms, even in the precursory stage, which runs a more rapid course than in simple erethic smallpox. This intense inflammation is frequently accompanied by inflammations of internal organs, which render the disease so much more dangerous. Gastric symptoms are likewise present, which are not dangerous if the treatment be properly conducted.

If the disease should assume a torpid, putrid, typhoid character, which it is very much inclined to do, for in no disease is the blood as easily decomposed as in smallpox, the danger to the patient is very great. The typhoid character of the disease frequently manifests itself even in the first stage by a striking sinking of strength, languor, prostration, a variable, small, frequent pulse, muttering delirium in the evening, violent vomiting and

colicky pains, diarrhœa, vertigo, fainting fits, convulsions, &c.; this first stage frequently lasts longer than usual, and the retarded eruption of the exanthem is preceded by symptoms of vehement nervous irritation, singultus, and even epileptic paroxysms. The eruption takes place irregularly, by fits and starts, it is incomplete, with alternate burning or coolness of the skin; the papulæ and areolæ are of a livid color. The exanthem inclines to strike in. Sometimes the face looks swollen, as if by erysipelas, whereas the rest of the body is covered by single, disconnected variola-spots of a bright measles-color, small and irregularly shaped, and afterwards rising slightly and of a pale appearance. In some cases the livid pustules remain so small that they look more like a rash, especially if the areola should be very pale, or perhaps entirely wanting; in other cases the whole skin has an erysipelatous tint, which afterwards changes to a lead or dingy parchment-color, especially in the face. There are also cases where the small vesicular pustules unite and form large blisters, (Naumann), with the appearance of the eruption the typhoid symptoms increase; the pulse sinks, the tongue becomes dry, has a brown coating, the brain is involved, and the patient may even become delirious, the patient is pale, debilitated, and the typhoid symptoms are clearly expressed in his face. In the suppurative stage the symptoms are still worse; sometimes, however, they do not develop themselves until this stage has set in; the ptialism is very profuse, though at other times it is suddenly arrested, the throat appears to be filled with a tenacious phlegm, the breathing is rattling and panting, and the patient frequently dies comatose. In many cases the swelling and the pocks suddenly collapse, and the disease terminates fatally, either in apoplexy or some other nervous attack. The suppurative stage continues beyond the usual limits, causing considerable destruction of the skin, or metastases to the lungs and brain; even during the period of

desiccation the swelling suddenly collapses, and death takes place by apoplexy. Sequelæ are frequent.

There is no essential difference between the typhoid and putrid form of smallpox, the symptoms are almost the same, except that in the putrid form the decomposition of the blood is much more striking, and shows itself even in the precursory stage, by colliquative hæmorrhages from the nose, mouth, stomach, bowels &c.; the face has a livid, dingy appearance, the pulse is soft, empty and frequent, the urine dark, the exhalations have a penetrating smallpox-odor, and there is a stinging heat on the skin. The disease may cause death even before the eruption breaks out; but if the pocks should develop themselves, they are similar to those of the typhoid form (*variola maligna, septica*). Even before the pocks are formed, there appear in many cases petechiæ, vibices, miliaria; the papulæ are of a livid color, the surrounding areola is of a dark-red, brown, blackish color; sometimes, instead of the pocks, we see blisters filled with a bloody ichor or pure black blood (*variola sanguinea nigra*) or vesicular elevations filled with gas (*variola siliquolæ, emphysematicæ*), or the pocks soon become gangrenous, the gangrenous process commencing with a black point in the middle of the pock, which gradually spreads over the whole. In this case the pocks are generally confluent. The pocks which are located on the mucous membranes, are changed to sphacelous ulcers; there is a constant flow of viscid, tenacious, corrosive, fetid saliva. These symptoms are accompanied by a colliquative diarrhœa having a cadaverous smell, &c. As the disease approaches the period of suppuration, the putrid symptoms develop themselves more and more, and after the suppurative period has fully set in, the putrid typhus is completely established. The scurfs remain soft, of the consistence of thick phlegm, and frequently cover gangrenous, deeply-penetrating ulcers. Sometimes the patient remains conscious of himself dur-

ing the whole course of the disease. In case of recovery, the patient remains disfigured by bad scars. In most cases death ensues on the 5th or 7th day of the eruption, and afterwards by exhaustion.

For the convenience of the reader I will again run over the list of the various forms of the smallpox exanthem, and add those that have been omitted so far.

*Variolæ discretæ*, when the single pocks are separated by free intervals, which is always a good symptom; *variolæ corymbosæ* or pocks which are distributed in clusters like grapes; *variolæ confluentes* when the pocks run into each other, forming broad and deeply-penetrating ulcers; *variolæ verrucosæ*, or pocks that feel hard as warts, which are frequently seen on the extremities, whereas the pocks on other parts of the body are fully developed; they are most frequently seen in connection with varioloid; *variolæ crystallinæ*, *serosæ*, *lymphaticæ*, or vesicular elevations of the epidermis, which rarely take the shape of genuine pocks and increase to the size of a bean and more; they sometimes contain a brownish matter, ichor, or blood, in which latter case they are termed *variolæ cruentæ*, *sanguineæ* and show that the character is of a putrid form; *variolæ siliquosæ*, or pocks the liquid contents of which have either disappeared, or which were only filled with air from the first; *variolæ acuminatæ* are small, hard or soft, acuminated pocks without a pit; *variolæ depressæ*, *umbilicatæ*, obtuse pocks resting on a very broad base, not very high, flat and having an extremely large pit.

*Complications, terminations and sequelæ.* When we consider that the internal mucous membranes are invaded by the suppurative process, we shall have no difficulty to understand that the mucous membrane of the larynx and trachea may be so affected by the disease as to simulate the phenomena of laryngitis and bronchitis, the end of which may be death by suffocation.



Or an exudative pleuritis may develop itself, mostly between the 7th and 14th day of the disease, the patient complains of stitches in the chest, with shortness of breathing, cough, violent fever, hard and filiform pulse; the physical signs point to the presence of liquid effusion in the pleural cavity; this condition terminates fatally in two or four days. In many cases there are no external perceptible signs of this exudation. As in other exanthems, so in smallpox, the brain may be affected; the phenomena of this dangerous complication are well known. Complications of the intestinal mucous membrane are less dangerous, and are not distinguished by strikingly characteristic symptoms.

Among the sequelæ and the accompanying affections of smallpox we first notice blindness and various disorganizations of the eyes. Such affections are most frequent in the suppurative stage of smallpox, although the breaking out of pocks on the conjunctiva is certainly not very frequent; in this stage ulcers form on the cornea, pus accumulates between the lamellæ of the cornea, hypopyon, perforation of the cornea, prolapsus of the iris, &c. set in; generally one eye only is attacked. The organ of hearing is likewise attacked, and otorrhœa, deafness, caries of the ossicula, and sometimes even ozœna remain after smallpox. In the stage of exsiccation I have frequently seen furuncles and abscesses, which latter, especially in confluent smallpox, are not always easily healed, and sometimes change to ichorous ulcers. Disorganizations of the joints, caries, ankylosis, necrosis may likewise remain after smallpox. No morbid condition which, but for the smallpox, might have remained quiet and undeveloped during a person's life time, is more vehemently roused by smallpox than scrofulosis; after the smallpox has run its course, a scrofulous cachexia develops itself more and more, and gradually leads to dropsy and phthisis. Neurotic conditions, epilepsy, idiocy, ulceration of the bowels, and a



variety of other affections may result from smallpox, whereas on the other hand, many other affections are effaced by it. Smallpox terminates fatally in a variety of ways, in every stage of the disease, as has been said above.

*Petzold* and *Judd* have arrived at the following results respecting the pathologico-anatomical alterations of smallpox. The pitting of the pock is caused by a very small frænulum, the excretory duct of a glandular follicle, which impedes the uniform expansion of the pock ; this frænulum finally tears or is destroyed by the suppurative process. On opening the pock for the purpose of examining its base, it is found that the liquid which it contains, cannot be wiped off entirely, and that it seems to be contained between the little vessels and retained by them. Nevertheless, by means of the microscope we can distinguish one or more excretory ducts of cutaneous follicles at the base of the pock, which is not the case with pocks that are not pitted, as in the palms of the hands or the soles of the feet. The pocks which are seated on the internal mucous membranes, contain a sort of white pulp or a tenacious mucus, deposited beneath the delicate softened epithelium, which is soon broken through and disappears ; these whitish, aphthous exudations scatter, and frequently leave behind little ulcers of more or less depth. The variola-pus, like any other kind of pus, if examined by the microscope, is found to consist of numerous pus-globules and cells without nuclei ; in the pus of malignant pocks the prussiate of soda has been discovered. It is a characteristic property of the variola-pus to transfer the smallpox contagium to other sensitive organisms.

The *diagnosis* of smallpox is so well established that it seems impossible to confound this disease with any other acute exanthem ; it is only in the precursory stage that an inexperienced physician might be tempted to mistake the symptoms for those of scarlatina ; but the

absence of sore throat, the burning heat of the skin, the unusual frequency of the pulse and the peculiar appearance of the tongue will soon convince him of the contrary. Nor is it easy to confound the symptoms with the incipient stage of measles, which is characterised by catarrhal symptoms, fluent coryza, lachrymation, and lasts longer than the precursory stage of variola.

This disease is eminently contagious, and attacks every age, sex, constitution, race. The first correct description of the disease was given by *Rhazes* in the 10th century, since which time it has frequently invaded the European continent, whence it was afterwards transported to other parts of the world. The sensitiveness for the smallpox-contagium, than which no miasmatic disease seems to have greater affinity for the human organism, is particularly perceptible in infancy, for after this period persons are protected either by having had the disease or having been vaccinated. Even the unborn fœtus may be attacked by the disease, and mothers who have the smallpox, not unfrequently bring forth children that either have the disease or exhibit traces of its presence at some former period; it even has happened that the fœtus had the disease although the mother had been vaccinated, and vice versa, mothers having the smallpox have been delivered of perfectly healthy children. Generally persons have the smallpox only once, and there does not yet exist a well-authenticated case of the same individual having had the disease twice; in case of doubt, Heim's characteristic description of the smallpox scar might be referred to. The smallpox contagium is communicated by contact, inoculation and the atmosphere, through vehicles having a solid, fluid or gaseous form. It is difficult to destroy it, and it may adhere for years to inanimate things, such as wood, wool, bed clothes, &c., provided these articles are kept in a closed room. It happens in some cases that various kinds of acute or chronic dyscrasia are destroyed or at least suppressed

by the variola-miasm, but there are other cases where variola co-exists with measles, scarlatina or even the cowpox in the same individual. The contagium remains unaltered, and its benign or malignant nature depends upon modifications occasioned by the prevailing type, the locality, the constitution of the patient, and a variety of accidental external influences.

The *prognosis* depends upon a variety of circumstances which have been partially indicated in describing the different stages of this disease, and therefore need only to be recapitulated in a cursory manner. It is an admitted fact that vaccination has essentially contributed to moderate the character of this formerly so frightful and destructive disease. The circumstances which require to be more particularly considered in establishing a prognosis, are the following. The *quantity of the pocks*; confluent smallpox is more dangerous than the discreet form; *development and character of the eruption*: a precursory stage of from three to four days prognosticates a favorable result, so does the regular development of each single pock; on the contrary, a pale, sickly appearance of the eruption, especially in the face, is a bad omen; pocks which are only filled with serum or ichor, are likewise an unfavorable symptom; the concomitant and febrile symptoms are of course to be considered. During the suppurative stage of malignant smallpox, the starting up of numerous fresh vesicles or furuncles on the unoccupied portions of the skin, is a bad sign; a sudden collapse or a livid appearance of the pocks is likewise unfavorable. The less the mucous membranes are involved, the more favorable the prognosis. The character of the constitutional reaction is likewise of importance; synochal variola is more dangerous than erethic, and typhoid and putrid smallpox is still more dangerous; bloody, emphysematous, gangrenous smallpox almost always terminates fatally. As regards age, it has been observed that children from

five to fourteen years old have the best chance to overcome the disease. Individuals with plethoric, enfeebled, cachectic, scrofulous, tuberculous constitutions, are exposed to great danger, and if the disease should break out at a critical period, it is likewise disposed to be more serious and inveterate. Some kinds of epidemic smallpox are naturally disposed to be fatal, other kinds run a mild course, and recovery is generally probable; the first stage and the stage of maturity are sometimes more dangerous in epidemic smallpox than the other stages. Various concomitant symptoms are more or less significant for the prognosis; thus a violent and long-lasting chill in the beginning of the disease, or a recurrence of the chill during the suppurative stage, or an unabated continuance of the fever after the appearance of the eruption, are very doubtful symptoms. There is danger ahead when the exanthem first break out on the lower extremities instead of the face; vomiting after the eruption is out, retention of urine, or constant urging to urinate are doubtful symptoms. Death generally ensues when the strength of the patient fails suddenly, and sopor, delirium and subsultus tendinum set in; erysipelas between the pocks, especially in the stage of desiccation, is not without danger. The prognosis is likewise determined by existing complications with inflammations of internal organs.

*Treatment.* Variola runs such a regular course, and has such regular terminations, that it would seem as though nature was determined not to leave any thing to do for the physician, except to attend to such cases as might deviate from the normally-typical course of development. But this is not so; we have abundant proofs that the course of typical diseases can be shortened and the severity of their symptoms moderated by suitable homœopathic treatment. The hitherto obtained success in the homœopathic treatment of smallpox leads me even to think that homœopathy may some day be so

fortunate as to discover an antidote and a prophylactic against smallpox which shall be superior to vaccine and shall, therefore, take the place of this legally-decreed means of prevention. Circumstances even now arise when vaccination has no effect; if the smallpox should have broken out in a family, vaccination frequently proves unavailing as a preventive means, and it is in such a case that it might be advisable to try *Thuja*, which is so highly recommended by Bœnninghausen. He gives two globules of the 200th attenuation every other day, while the epidemic lasts, and he asserts that he used the same preparation as a remedial agent for smallpox with so much effect that the pocks had all dried up on the fourth, and the crusts fallen off on the eighth day, without leaving any scars. What drew his attention to *Thuja*, was the fact that, during epidemic smallpox, horses were frequently attacked with the malanders, for which *Thuja* is the specific remedy; and after comparing the pathogenesis of *Thuja* with the symptoms of smallpox, he determined to try this medicine in the smallpox epidemic which prevailed in 1849 in some parts of Germany. The result surpassed his expectations. Although the malanders is not identical with cowpox, yet it has frequently been noticed, that the cowpox would break out on cows that were milked by persons who had been in engaged with horses affected with the malanders. On the other hand it is true that persons (horse-shoe smiths, coachmen, &c., who had caught the malanders from horses, were afterwards protected from the smallpox. All these circumstances go to show that *Thuja* may perhaps be a very useful remedy for epidemic smallpox, and therefore deserves the attention of homœopathic practitioners.

In my large treatise I have suggested *Sulphur* as a remedy for smallpox, which might perhaps be capable of eradicating the disease in the beginning; further obser-

vations are, however, indispensable to establish this fact beyond dispute.

Dr. Liedbeck, of Stockholm, has recommended *Tartarus-stibiatus* as a specific remedy for smallpox. The resemblance between the Tartar-emetic eruption and the smallpox eruption has been clearly pointed out by several physicians, and the pustules which Tartar-emetic causes on the internal mucous membranes, have been described by Rokitansky and Engel with sufficient minuteness to confirm their resemblance to smallpox.

Tartar-emetic is especially indicated when the gastric symptoms which frequently exist during the first stage of smallpox correspond with the physiological action of this drug, in which case it will cut short the disease, even if the pocks should already be developed. Liedbeck generally used it in the following manner: he dissolved from half a grain to one grain in an ounce of distilled water, and gave a tablespoon- or teaspoonful of this solution every four hours; at a later period he gave one, two or three drops of antimonial wine in a little water, every three to four hours.

Dr. Rummel employed with success the third trituration of *vaccinine*, internally, in several cases.

Smallpox has probably destroyed more human life than any other epidemic malady. In former periods physicians thought that in order to expel the smallpox virus, it had to be cooked and stewed, and the sick-chamber was converted into a hot-house, and the patients were almost driven to desperation by an excess of warm covering, hot drinks and sweating medicines. Praised be the men who have dared to brave the prejudices of the crowd, and who, by their enlightened art, have succeeded in establishing the treatment of this horrible disease upon a more humane and more rational basis. Thanks to the exertions of these friends of suffering man, the conviction that a cool and properly ventilated room is essential to the comfort and recovery of the patient, has now become



universal. The temperature of the sick-room should not be above 60° F., and if the patient should desire a little more warmth, a little additional covering may be put upon him, or he may be given a little warm drink. It is understood that the current of air which passes through the room should not strike the patient. It is not necessary that the patient should be confined to his bed all the time; if he should feel more comfortable out of his bed, he may be allowed to sit up; in slight cases it may be altogether unnecessary for the patient to go to bed. It is of the utmost importance to keep the patient clean, and to change his linen frequently, especially during the period of suppuration and desquamation. His diet should be light soups, fruit, bread, cold water, &c. Children at the breast should be nursed as before.

The *stage of incubation* is generally without any perceptible symptoms, except during epidemic smallpox, when certain symptoms may manifest themselves which may require the exhibition of one or more of the above-mentioned remedies. In the *febrile* or *precursory* stage it is frequently desired that something should be done for the patient. If there be much fever, alternate chills and heat, then constant heat, headache, &c. *Aconite* will be best calculated to mitigate these symptoms. Even if we should some day discover a true specific for smallpox, *Aconite* may yet have to be used every now and then as an intercurrent remedy; how frequently have we to use such a remedy, even when it does not seem to be in strict correspondence with the totality of the symptoms. If the fever should be moderate, but the patient should be very restless, toss about as if in agony, and no medicine should yet have been given, *Coffea* 3d, may be given, and it may be proper to alternate it with *Aconite* 6th or 12th, if this medicine should likewise be indicated by the symptoms. If the nervous irritation should increase to furibond delirium, and a state of sopor alternate with the delirium, and paralysis of the

brain should seem imminent, *Opium* 3d to 6th, will avert the danger, one dose every hour; two or three doses will be sufficient to restore the reactive energy of the brain, and the eruption will appear upon the skin without any further untoward symptoms, unless the character of the epidemic should be peculiarly malignant, of which I shall speak hereafter. Sometimes the fever is acute and characterized by violent cerebral congestion; in such a case *Belladonna* 12th to 30th will remove the dangerous aspect of the symptoms, provided the dose is repeated at suitable intervals.

If there should be vomiting, with pain in the region of the stomach, which is aggravated by external pressure, or if the child should refuse to take its usual nourishment, *Ipecacuanha* 3d every two to three hours, will generally help, but if no improvement should have set in in from twenty-four to thirty-six hours, or if the vomiting should weaken the patient, *Arsenic* 30th, should be given, unless the diarrhœa, oppression on the chest, &c. should require *China* 12th. If the vomiting should be accompanied by constipation, *Nux* might perhaps be given, or *Bryonia* 12th, if there should be much stiffness, violent rheumatic drawing-tearing pains in the back and loins; *Dulcamara* and *Rhus-tox.* ought not to be overlooked. For diarrhœa and colic, *Chamomilla*, *Pulsatilla*, *Tartarus-emet.* and other remedies may have to be given.

#### NOTES BY DR. HEMPEL.

[1. *Arsenic* is undoubtedly an indispensable remedy in this stage when the eruption is slow in making its appearance, and symptoms of disorganization have become apparent. I am confident that I saved a child's life in one case where a sudden collapse took place, characterized by the following symptoms: All that could be seen of the eruption was a fine rash in the face and on the forehead; after the child, a boy of seven years who never

had been vaccinated, had been lying in a burning fever for several days, he suddenly grew cold at two o'clock in the night, sopor set in, muttering delirium, violent spasms, and involuntary diarrhœic stools in rapid succession, of a dark-brown blackish color and a most offensive smell; the lower jaw was depressed and apparently paralyzed. I gave him Arsenic 1st, centesimal scale, a powder every fifteen minutes. The involuntary discharges stopped after the first powder, and after having taken a few more powders, the eruption broke out most copiously, and although it proved to be a very distressing case of confluent smallpox, yet the boy recovered perfectly, and without a mark on his face.

\* \* \*

In a mild case of ordinary erethic smallpox, all the troublesome symptoms of the eruptive stage disappear as soon as the eruption is out, and, except the tension and itching burning of the skin, the patient feels pretty comfortable. Now is the time to use some of the previously-mentioned remedies, unless the physician should prefer to use *Stramonium* 6th, for the purpose of abridging, if possible, the course of the disease. *Mercurius* might likewise seem proper, but for my own part, I should either employ *Vaccinine* or *Tartar-emetic*, as bearing the closest resemblance to the smallpox eruption. By vaccination we develop a disease that is analogous to natural smallpox; why then should not *Vaccinine* be a suitable remedy for a disease which it is so well able to simulate? If, however, some physician should not wish to employ this mode of treatment I recommend them *Sulphur* 15th to 18th, which is likewise supposed to shorten the course of the disease. This is not by any means a positive fact, but we have sufficient data to believe that *Mercurius* and *Sulphur* act well in this stage, and it is therefore proper to give them. My remarks about *Vaccinine* likewise apply to *Varioline*, with which

I am positively sure I have shortened the course of the disease.]

[2. It is supposed by some that Varioline acts best when taken from the person to whom it is to be given. As soon as a pock has matured, transfer its contents to a tumblerful of water, mix well, and give the patient a spoonful every two hours.

\* \* \*

The suppurative stage requires to be managed with more care than the stage of eruption. In most cases the suppurative fever runs high, especially if it should be a case of confluent smallpox; the nose, throat and eyes are affected, and there is a good deal of ptyalism; the patient is cross, restless, complains of the tension of the skin, which is still increased by the swelling of the body. For the suppurative fever, which requires to be attended to, lest untoward accidents set in, the best remedy is *Mercurius* 3d, one grain every four to six hours; this is a real specific for this stage, and a few doses are sufficient to make the patient more comfortable. This is certainly a great gain, and all that can be expected of the physician; for it is not in his power to suddenly arrest a disease that runs a definite course; all he can do is to quiet the irritated nerves and subdue the violent excitement in the circulatory system. Next to *Mercurius* we may think of *Hepar* 3d, for similar purposes as the Mercury, but never before this last-named medicine. The Hepar-fever is very similar to the fever in the suppurative stage of smallpox, and we likewise know that Hepar is capable of arresting the suppurative process and confining it within certain limits.

The skin being very dry in this stage, it is advisable to give the patient as much water to drink as he likes; water is very palatable to such patients, it quenches their thirst, and by promoting the urinary secretion, it lessens the danger of dropsical affections setting in. The patients derive a good deal of comfort for their swollen

eyes from bathing them frequently with tepid milk and water. Some authors recommend the application of cold water to the eyes, for the purpose of preventing the eruption from affecting the eyeball; I do not wish either to uphold or condemn this proceeding. For the purpose of protecting the eyes from the light, it is well to keep the room dark, which is likewise an excellent means of diminishing the quantity of the eruption. The oppression and anxiety in this period are sometimes very distressing, for which injections of tepid milk, marsh-mallow and other emollient, non-medicinal substances may be given. To prevent the pitting of the skin, the children must be recommended to keep quiet and not to scratch themselves, to prevent which it is sometimes necessary to employ mechanical means, tying the hands, &c.]

[3. A most excellent means to allay the furious itching of the pocks, is to wash the children with tepid water in which a little potash has been dissolved. They may be washed all over several times a day, or as often as they seem to be very restless. After a washing they generally go to sleep and enjoy comparative quiet.

\* \* \*

During the periods of desiccation and desquamation, no further medicine is required, but the diet should be regulated. The violent itching and firm adhering of the crusts are mitigated by rubbing on the most sensitive parts a little sweet oil, fresh cream, or by applying a soft bread and milk poultice, or placing the patient into a warm bath (see the above note, Hempel.) If spasmodic symptoms, fever, gastric derangement, diarrhoea, &c. should be present, Acon., Bellad., Bryon., Cham., Puls., Nux-v., &c. may be given.

So much about the milder forms of smallpox; I will now add a few observations about the more intense forms of the disease.

The smallpox virus may be of a benign nature, and nevertheless dangerous symptoms may make their ap-

pearance from the beginning of the disease, or they first may break out in the suppurative stage and may alter the course of the disease considerably. The complications which most frequently supervene in the course of the disease, are inflammations of internal organs, which, however, are distinguished from ordinary inflammations as is evident after death from the difference between the alterations produced by smallpox inflammation and those occasioned by a simple inflammatory process. Very frequently the inflammatory action in variola is localized in the larynx, pleura, lungs, as may be inferred from the subjective and objective phenomena discovered in these organs. Although Acon., Spong., Hep., and other remedies are excellent in laryngitis, yet, if this disease should result from smallpox, *Mercurius* or *Hepar* will be found to be more efficient because they are likewise good remedies for the smallpox. For the pneumonic difficulties, or for the pleuritic affection which very readily changes to pleuritis with exudation, *Phosphorus* will be found to be the best remedy; *Arnica* 6th, should not be neglected, for it is a good remedy for severe stinging pains. For inflammatory cerebral symptoms *Belladonna* is indeed an excellent remedy, but when the inflammation is caused by smallpox, *Sulphur* will have to be given after *Belladonna*, which is seldom sufficient to control the inflammation. Some physicians have noticed that a smallpox fever may occur during epidemic smallpox without the eruption, but this does not change the homœopathic treatment, which should be in accordance with the symptoms.

The variola-process tends especially to decompose the blood; if this should actually take place, the disease sets in as a typhoid and putrid disease, or else the typhoid character develops itself during the suppurative stage. These are dangerous symptoms that do not yield to the remedies used for common erethic smallpox. If such typhoid symptoms should have become manifest in the



very beginning of the disease, it might be a dangerous loss of time to employ Acon., Bell., Tart.-emet., &c., but the proper remedy would at once be *Arsenic*, which will be found to answer in most cases, especially when there is extreme debility and prostration, a real state of collapse, violent burning fever with a small, frequent pulse, unquenchable thirst, anomalous appearance of the eruption, which is sometimes preceded by spasms, or when the spasms accompany the fever, &c. Under these circumstances Arsenic is undoubtedly the best remedy, and the greatness of the danger requires that it should be administered boldly and repeatedly, until the organism is thoroughly impregnated with it. We may commence with the 12th to 15th atten., and feeble, sensitive children may be given the 24th to 30th, every three or four hours; but we may be required to resort even to lower attenuations to stay the deleterious effects of the miasm. This assertion of mine may perhaps excite a shrug of the shoulder in some of my readers and they may suppose that it is my wish to convert them to my opinion, but it gives me pleasure to inform them that so far from desiring to make proselytes, I beg every one to obey the dictates of his own wisdom, but to allow me at the same time to state my own experience.

It may happen that Arsenic, even in its lower preparations, will leave us in the lurch, and that the Protean forms of this disease will require some other medicine, which will of course have to be selected, if, instead of an improvement or an arrest of the progress of the symptoms, the symptoms should assume a more dangerous aspect. Typhoid and putrid smallpox is almost the same, for in either the blood is poisoned; it is not the black appearance of the pock that alone constitutes the putrid character of the disease; this may exist before the pock turns black, the typhoid symptoms may be the commencement of the putrid stage. If there be a difference, it must exist in the precursory stage, previous to the de-

velopment of the poeks, when petechiæ, ecchymosis, miliaria, colliquative hæmorrhage, or blisters filled with a bloody ichor or pure black blood make their appearance. If Arsenic should have been given without effect for these symptoms, we may try *Lachesis* 30th. In my opinion this medicine is still more indicated than Arsenic when the putrid symptoms, the symptoms of decomposition of the blood, seem to predominate.

These two are undoubtedly the best remedies for typhoid and putrid smallpox, but we may have to use other remedies especially when the typhoid or septic form develops itself in the suppurative stage. The principal among these other remedies are *Rhus-tox.* and *Bryonia*. The affinity of the symptoms might justify a comparison of *Rhus* with Arsenic, and *Bryonia* with *Lachesis*; *Rhus* would therefore correspond with the typhoid, and *Bryonia* with the putrid form. This is, however, mere theory, for in reality both medicines may have to be used indiscriminately; all I desired to do, is to give the student of homœopathy a starting-point for the proper selection of a suitable remedy. *Rhus* 12th to 30th, is more particularly indicated when in the commencement or during the course of the disease the following condition prevails: the children complain of extreme numbness or painfulness of the limbs, which feel rigid and as if they could not be moved; they feel extremely weak after sitting up for a moment; petechiæ, nettle-rash, or confluent blisters containing a milky fluid, make their appearance; the fever, which exacerbates at night, causes oppression and anguish, it makes the children start up and cry for help; the fever-exacerbations are frequently accompanied by diarrhœa, and even if there should be no diarrhœa at night, and it should only trouble the patient in the morning, yet the cutting colic and the intense thirst will seldom be wanting. These and many other symptoms indicate *Rhus*. The same may be said of *Bryonia* 12th to 30th. This re-

medy seems to be more closely related to the putrid form of smallpox, characterized by petechiæ, vibices, miliaria, nosebleed, &c. Evening and night-exacerbations, general prostration, and more particularly the sudden change of the color of the pocks to black, especially during the suppurative stage, are the chief-indications for Bryonia. If Arsenicum and the other remedies should remain fruitless, Bryonia will sometimes be able to effect a change for the better, much sooner, at any rate, than the much vaunted *Carbo-veget.*, of which I am unable to boast in my practice. I am satisfied that it is an erroneous idea, of the efficacy of *Carbo-veget.*, particularly in this disease, which leads physicians to resort to it, and I strongly suspect that they are swayed in their choice of it by some hidden allopathic predilection, of which they may not perhaps be conscious. Modern physiology recognizes the nervous energy, but not sufficiently, for it has as yet looked in vain for some material substratum as the particular index of the nervous vitality. Hence it is that pathologists dwell more upon post-mortem appearances which they can see and handle, than upon the invisible and intangible nervous principle, and the humoral pathology becomes their hobby, whereas modern reformers of medicine reject the indications of this system and bow exclusively to the vital dynamis, which they have to do, for otherwise their doctrine of potencies would fall to pieces. Each School explains the action of medicines agreeably to its own fundamental philosophy. The humoralists employ charcoal as a powder, with which they sprinkle fœtid, gangrenous, ichorous ulcers; the partisans of the New-School accept the belief in the anti-septic powers of charcoal, and forthwith they go to work to account for them upon dynamic principles; they prove the charcoal on the healthy body, and they really do discover effects which resemble more or less a state of putrid disorganization. Both Schools are right, each in its own way; nevertheless the humoralists

are wrong, because they are guided by a mere symptom, and the dynamists are likewise wrong, because they reject all but the nervous vital force, without doing so much as to deign the variola-miasm, which, however, is a power in this case, of a side-glance. The variola-miasm does not come within the sphere of charcoal, and this is the reason why I deny the efficacy of this substance in the present disease.

Whether *Sepia*, *Hyoseyamus*, *Acidum-muriaticum* and *Silicea* can do any good in this form of variola, I am not prepared to decide, and wait for further experience. Before concluding this chapter I will mention a few changes or paroxysms which sometimes occur suddenly in the course of smallpox and have to be provided against before we can proceed with the general treatment.

First, I will mention *convulsions*, which are very apt to occur, especially in the period of dentition when they are by no means insignificant; otherwise they are not so very dangerous. If they should be caused by a constipated state of the bowels, an injection of tepid water will arrest them; if the spasms should last any length of time or recur frequently, *Cham.*, *Stram.*, *Hyoseyam.*, *Bellad.*, *Ignat.* will have to be given, also if gastric symptoms or worms should seem to be the irritating cause. *Opium* may be exhibited when there is sopor, a deep-red and bloated face, and burning forehead. If the exanthem should dry up suddenly, and collapse, and the whole body, especially the extremities, become cold, means should be used to restore the eruption to its former condition of efflorescence. This sudden collapse seems to be owing to a paralytic state of the vital force, which may perhaps be accompanied by incipient decomposition of the blood. Under these circumstances the use of internal medicines is insufficient, and we have to employ external means for the purpose of restoring the sinking peripheral action. There is nothing better for this purpose than to repeatedly bathe various parts of the body's

surface with the *Spirits of Camphor* until the skin has got warm again; in addition we may apply warm poultices to the hands and feet, and cushions of heated bran to the face. If colliquative diarrhœa should set in *Chamomilla*, *Phosphorus*, *Tartarus-emeticus*, *Pulsatilla*, *Arsenicum*, *Dulcamara*, *China*, may be given, according as the totality of the symptoms may seem to require. For an erysipelatous condition *Rhus-tox.*, *Bellad.*, *Mercur.* and *Graphites* are the most appropriate remedies.

Among the *sequelæ* of smallpox we distinguish the affection of the eyes, which may require *Bellad.*, *Mercur.*, *Sulphur*, *Hep.-sulph.*, *Bryon.*, *Nitr.-acid.*, *Caustic.*—For the remaining otorrhœa I have given with advantage *Sulph.*, *Hep.-sulph.*, *Puls.*, *Lycop.*, and if the ossicula had become carious, *Aurum*, *Asa*, *Silicea*. For the frequently-recurring furuncles, which sometimes grow to large abscesses, no remedy seemed to be better than *Phosphorus* 12th, after *Arnica*, *Thuja*, *Arsenic* had been given without effect. In one case, where small boils commenced to start up, I succeeded in cutting the eruption short with a dose of *Calcarea-carb.* 6th, whether other physicians have made a similar observation with *Calc.*, I am unable to say. For the treatment of carious affections I refer the reader to the chapter on scrofulosis; the remedies which will be found mentioned for this dyscrasia, will likewise prove efficacious in the caries caused by variola.]

---

## CHAPTER XXXIX.

### VARIOLOID.

This is a species of variola, holding an intermediate rank between genuine smallpox and varicella. Some look upon it as a milder form of variola, others as a variety of varicella. After reading a description of the disease, the reader will be able to judge for himself.

Varioloid is distinguished from variola by the mildness and rapidity of its course, the shortness of its precursory stage, the irregular and more rapid development of the eruption, the scarlet-redness of the skin which precedes the eruption and is termed rash. Pocks sometimes break out after the eruption is fully developed. The eruption has not the characteristic smallpox smell; the vesicles expand more rapidly, fill imperfectly, shrink sooner, dry up without breaking; the suppurative fever, the areolæ, the swelling of the face are generally wanting, and if scars should remain, they differ altogether from those of smallpox; the sequelæ which so frequently remain after variola, are generally wanting.

Varioloid runs through the same stages as genuine smallpox, except that its course is more rapid and irregular, and that the symptoms of the different stages are more or less mixed up. The course of varioloid is generally from seven to eleven days, whereas variola runs from fifteen to eighteen days. According to some the precursory stage lasts eight days, according to others from two to four days; it is characterized by the same phenomena as natural smallpox, general malaise, headache and backache, fever, which is sometimes very high and does not abate until the exanthem is fully out. A characteristic symptom of this stage is a dark, spotted, bright scarlet-redness disappearing under the pressure of the finger, and preceding the eruption for twelve or twenty-four hours, sometimes covering the whole body, but generally only the extremities or other localities.

The eruption comes out rapidly and irregularly, not always first in the face, but uniformly over the whole body; in twenty-four hours it is all out, except single pocks which keep coming out for the first six or eight days, in greater or smaller number between the existing red stigmata and vesicles, so that stigmata, vesicles and pustules are seen simultaneously on the same patient. The varioloid stigmata are not crowned with small gra-



nules or papulæ as the variola stigmata; they fill immediately and are converted into pustules, hence they grow more rapidly. At the same time similar pearl-colored elevations are sometimes seen on the mucous membrane of the palate, fauces, tongue, accompanied by difficulty of swallowing, hoarseness, cough, increased flow of saliva. In most cases after the lapse of twelve hours, a vesicle of the size of a pin's head forms in the centre of the stigma, and is generally fully developed in twenty-four hours. The vesicles are of the size of very small peas, surrounded by red areolæ, generally pitted in the centre, semi-globular or conical, rather tense, are divided into compartments like a genuine pock, and, on this account, do not discharge their contents fully when pricked. The matter which they contain is clear, rather viscid. This is the appearance of the vesicles for one or two days, then they increase in size, their contents become turbid, flocculent and finally purulent. In four days the varioloid pock completes its course, and on the fifth, seldom later, the desiccation commences. The fever may indeed continue during the whole course of the disease, but it is scarcely ever as intense as in genuine smallpox; the suppurative fever, which is proper to smallpox, is always wanting. The constitutional irritation is generally so trifling that the patient is able to sit up; the sore throat, the difficulty of swallowing, the cough and hoarseness are the most troublesome symptoms.

The process of dessication commences on the fifth or sixth day of the eruption, or the seventh or ninth day of the disease. The dessication follows the same course as in smallpox, only the later vesicles sometimes dry up before having completed their course; the falling off of the crusts takes place sooner or later, according to their size. When the scurfs are thin, the subjacent skin is detached, and the spots remain visible for months, especially in cold weather. Thick crusts sometimes leave flat cicatrices, but their borders are not shaggy, in-

dented, but smooth ; they are not grooved at the base, or dotted with black points, and covered with lanugo, like the genuine pocks, and they frequently disappear altogether. All the other symptoms likewise disappear, the skin is moist, the urine deposits a sediment, the alvine evacuations are frequently more copious.

Although varioloid seldom leaves consecutive ailments, yet we sometimes do see furuncles, abscesses, articular affections, especially inflammation with violent pains, swelling and stiffness of the elbow-shoulder and knee-joint. The disease may terminate fatally in the same way as variola.

There are likewise modifications of the original eruption, the same as in smallpox. *Fuchs* describes the scarlatinoid or perhaps more correctly the petechial varioloid as a variety of the typhoid or nervous form. "After the development of dangerous precursory symptoms, and the setting in of excessive prostration, diarrhœa, nervousness, dark-red, livid spots break out in the place of the bright-red erythema, about the period when the eruption was to appear, and generally spread over large portions of the skin. Blueish stigmata start up on these spots, or vesicles filled with a bloody ichor, not very large and intermixed with purple-spots. The livid redness increases. Sometimes the skin becomes gangrenous, hæmorrhage and diarrhœa set in ; in most cases the mucous membranes are involved in this process of disorganization, and a dyspnœa which threatens to terminate fatally, ensues."

In regard to form, we distinguish beside the confluent variety, *variolois verrucosa*, or horny, wart-shaped pocks ; these frequently break out in the face, while the remaining portions of the body are covered with other forms of the exanthem ; *variolosis vesicularis* or *pemphigodes* ; this form is like varicella and leaves no cicatrix behind ; *variolois miliaris* ; these are numerous, densely-crowded, miliary vesicles, standing on a bright-red base, and resembling scarlatina miliaris.

The tolerably complete description which I have given of varioloid, certainly offers no distinctive characteristic signs, and why should not, therefore, varioloid be considered a variety of variola? Do we not, in other diseases, see nature develop a variety of forms out of the same fountain? The substantial reason for the belief that varioloid is an independent disease, is the fact that vaccination is no guarantee against it. And another reason is that the phenomena of varioloid which I have related in the preceding paragraphs, are not by any means permanent characteristics of the disease, but vary a good deal. But whether the disease be an idiopathic disease or a mere variety of variola, the treatment remains the same, and I will therefore drop all further examination of these differences of opinion.

The *prognosis* is generally favorable. It is difficult to say how many die of varioloid, since this disease generally breaks out at a period when variola prevails. The danger of varioloid depends upon the prevailing epidemic type, and if this should be the typhoid or putrid form, the danger is, of course, so much greater. The prognosis likewise depends upon the affection of the mucous membranes, especially in the respiratory organs, which may lead to paroxysms of suffocation, strangulation and to croupous attacks. Small children die more easily of this disease than larger ones; complications with pneumonia, croup, meningitis, &c. are dangerous. Constitutional conditions, such as scrofulosis, tuberculosis, or critical periods of life, likewise influence the prognosis.

The treatment is nearly the same as that of variola. The inoculation of varioloid, as proposed by Schoenlein, is inadmissible; it is not, by any means, certain that in a varioloid epidemic every child that has been vaccinated, will be attacked by the disease, and why endanger a child's life when there does not seem to be any tenable ground in favor of such a proceeding. Vaccination is cer-

tainly a safer preventive than the inoculation of the varioloid virus.

The erythematous redness which generally precedes the eruption, may frequently require the use of *Belladonna* in this disease, and *Sulphur* likewise, which favors the desiccation of the vesicles. If there should be violent headache, pain in the back, &c., with the fever, *Aconite* should be given, to be afterwards followed by *Bryonia*. *Mercurius*, *Arsenic*, *Lachesis*, *Rhus-tox.*, &c. are not to be forgotten.

What causes the greatest distress in this disease, are the affections of the mucous membrane, difficulty of swallowing, cough, hoarseness, for which the principal remedies are: *Mercurius*, *Hepar*, *Puls.*, *Tart.-emet.*, *Spongia* or even *Senega*.

For the articular affections I recommend *Aconite*, *Bryonia*, *Colchicum*, *Pulsatilla*, *Rhus-tox.*, *Sulphur*.

---

## CHAPTER XL.

### VARICELLA (CHICKEN-POX.)

Before the appearance of varioloid, chicken-pox was considered a slight, and even harmless affection, but since we have become acquainted with varioloid, we pay a little more attention to varicella, for it is sometimes difficult to distinguish one from the other, unless we watch the whole course of the eruption.

The precursory stage seems frequently wanting, but in some cases there are febrile, gastric and catarrhal phenomena, such as chills, heat, hurried pulse, loss of appetite, nausea, vomiting, &c.; but these constitutional symptoms are generally trifling, and only last one or two days, after which the eruption makes its appearance without order or regularity, sometimes first on the hands, or in the face, or on the back or any where else. Small,

red stigmata appear, gradually changing to vesicles of the size of peas and drying up again in a few days without the least trace of suppurative fever; instead of pus the pustules contain a thick, milky fluid. While the first pustules are drying up, others keep coming out, which is not the case in smallpox. Generally the vesicles are not very numerous, and they are scattered, but sometimes we see them crowded together by the hundred, and running together like confluent smallpox. Some vesicles are surrounded by a rose-colored areola, others not. On the third day the vesicle shrinks, unless it should have been scratched open previously; on the fourth day it dries up to a thin, brownish, horny scurf, which falls off in two or three days, leaving no scar but a red spot which soon disappears. On the ninth or eleventh day the disease is generally at an end.

The disease always terminates in recovery, and it is seldom that ulcerated places remain. There are several varieties of this exanthem. The form which I have just described, is termed *varicellæ globosæ* (ovales, suillæ.) If the vesicles should be smaller, we term the eruption *varicellæ lenticulares*. If the eruption should consist of small papulæ, the tips of which change to rash-shaped, obtuse, conical vesicles, not pitted, and filled with a clear fluid, it is termed *varicellæ coniformes, acuminatæ*; the vesicle soon shrinks, leaving a small indurated elevation which gradually disappears by absorption and exfoliation. If the liquid which is contained in the vesicle, should acquire a puriform consistence, the eruption is termed *varicellæ pustulosæ*. This variety somewhat resembles varioloid. All these different forms may exist simultaneously on the same child.

Varicellæ is chiefly a disease of children, and even infants are attacked with it. It may be an epidemic disease, and frequently exists as such simultaneously with variola, varioloid, scarlatina, &c. In any case, varicellæ is only a mild form of smallpox. It is a disease without

danger, and if nervous symptoms should at all develop themselves, they disappear again as soon as the eruption is fully out.

This disease does not require any treatment, unless other symptoms should complicate it. Poor people frequently allow their children to run about the street, and they all get well again. My advice to parents is not to keep such children too warm, and if the fever should trouble them, to give them a little *Aconite* 12th. In irritable and weakly children the fever is sometimes high, especially if the eruption should break out during a critical period, or should be a complicated form of the disease; under such circumstances *Belladonna* may be a suitable remedy; but if the excitement should be rather of a nervous character, with coolness of some parts and burning heat of others, anxiety and restlessness, a good deal of crying when the children are small, starting even while falling asleep, but not much thirst, *Coffea* 3d, is the best medicine, which sometimes suffices to remove these symptoms, but at other times has to be given in alternation with *Aconite*. During the period of dentition the febrile symptoms are sometimes accompanied by spasmodic conditions, for which *Cham.*, *Ignat.*, *Stram.*, *Zincum* may have to be given.

Homœopathic physicians have named many medicines as specific remedies for varicella; I do not mention them here, first because they will be found in any repertory, and secondly because they are insufficient to arrest or hasten the course of the eruption if once developed on the skin; those so-called specific remedies are only useful in cases where the cutaneous symptom is a portion of a more general disorder. If variola or varioloid should supervene, it is a matter of course that the more dangerous disease should be attended to first. The only remedy which has seemed to me to have any value in this disease is *Pulsatilla*. I have used it as a prophylactic in



epidemic varicella, and I believe that it has arrested, in my hands at least, the consecutive breaking out of new vesicles.

---

## CHAPTER XLI.

### VACCINA (COWPOX.)

It is very probable that many kinds of eruption can be transferred from animals to men ; at present, however, we know only of two, the cowpox and the malanders of horses. As early as the commencement of the eighteenth century, it was noticed in England that individuals who had caught the cowpox, would not be attacked with small-pox. Various experiments were made to verify this fact, but the first well authenticated and successful experiment was made by Dr. Jenner of Berkeley in Gloucestershire towards the close of the last century. On the 14th of May, 1796, Dr. Jenner vaccinated a child of eight years with matter adhering to the hands of a person who had milked a cow ; the vaccine took, and the variolapoisson with which the child was inoculated a month and a half after the vaccination, had no effect. From this period, and more particularly since Jenner's first publication in 1798, the subject of vaccination excited a general interest and in 1800 all Europe was alive to its importance.

The regular course of the cowpox is as follows. Immediately after making a prick or an incision with the point of a lancet which had been dipped into the vaccine-matter, the parts immediately surrounding the prick, become of a red color, and a vesicle of the size of a pin's head springs up, all of which disappears again in a couple of hours, and nothing remains visible but the prick. This redness and the oozing out of a drop of blood from the prick are supposed to be signs that the matter has taken. These signs, however, may be absent, and the

matter may have taken nevertheless. On the 3d day after the operation the place becomes red, and a small, rather hard elevation becomes perceptible, which grows to a round, bright-red little papula, that increases in size until the 5th day, and the tip of which changes to a pearl-colored, pitted vesicle, filled with a thin, perfectly transparent fluid, and having a round shape when a prick, and an oval shape when an incision had been made. On the 8th day the blueish-red, transparent vesicle is fully formed, surrounded by a narrow red areola, which is some what raised above the skin. The vesicle resembles perfectly the variola-pock, it has a cellular structure, arranged into compartments, on which account it does not completely discharge its contents when pricked; the liquid is clear as water and somewhat viscid. On the 8th day, in the evening, an inflamed areola forms round the base of the vesicle, the surrounding parts become tight, of a dark-red, and sensitive. Sometimes the inflammation penetrates more deeply into the skin, the swelling increases and even the axillary glands are affected. Irritable children become restless, sleepless, and feverish. The inflamed areola remains during the 9th and 10th day. After the 9th day, the vesicle which is now fully formed, of the size of a lentil or pea, and filled with a thick, lymphatic fluid, and having a tense and elastic feel, begins to look dim, and its contents gradually change to pus, until the 10th and 11th day. On the 11th day the inflammatory redness abates and the areola begins to go down. The pit is gradually filled up, and the pock acquires an acuminate shape. If the pustule be not torn, a firm, regular, round, brown crust forms which becomes more and more indurated and dark-colored, and falls off on the 18th to 25th day.

Before the 8th day fever-symptoms seldom appear. The character of the fever differs, sometimes it is scarcely perceptible, and at other times so violent that it causes

serious apprehensions. The children turn pale, feel hot, thirsty, sometimes they vomit, are attacked with ptyalism and even convulsions; beside the axillary glands I have seen the parotid glands and the testicles swell up, and cause great pain and restlessness. The fever generally lasts from twenty-four to thirty-six hours, during which time small rash-shaped papulæ or vesicles sometimes develop themselves on the inflamed border, and, in plethoric children a sort of rash or varicella all over the body.

If the cowpox should deviate from this course, the child will have to be vaccinated a second time, for the prophylactic virtues of an abnormally developed pock cannot be depended upon. I have seen cases where the pock did not make its appearance until four weeks after the vaccination, and then run a perfectly regular course. Anomalies are: a too rapid local development of the pock, and desiccation or disorganization of the pock before its course was completed; hot weather and sultry air, charged with electricity, are said to hasten the course of the pock. The vaccination is sometimes accompanied by a violent, erysipelatous inflammation, (erythema, roseola vaccina), which, nine or twelve days after the vaccination, spreads as far as the elbow and shoulder, or even over the whole arm and body, with fever, frequent pulse, restlessness, and swelling of the axillary glands; when this is the case the pock frequently degenerates into an ulcer that discharges a profuse quantity of pus and leaves a broad scurf; this happens most frequently with children that had been affected with eruptions previous to being vaccinated, such as strophulus, crusta lactea.

The cowpox has no sequelæ, properly speaking, but it may rouse a latent, morbid disposition, or the vaccine which had been taken from psoric, syphilitic, or impetiginous individuals, may transfer these diseases to other children; scrofulous affections, principally, are liable to

being transferred by vaccination. This fact excites a good deal of distrust against vaccination among ignorant laymen, and the physician sometimes has the greatest difficulty to conquer their prejudices. On the other hand many affections are removed by vaccination, which obstinately resisted all treatment; I mention glandular indurations, scrofulous ophthalmia, chronic inflammation of the Meibomian glands, otorrhœa, herpetic eruptions, tinea capitis, moles.

Cowpox is a disease which exists in Europe only as a local eruption on the udders of cows. Its regular course is as follows. A few days previous to the eruption the cow loses its appetite, the secretion of milk is diminished and the temperature of the udder is raised. Soon after small reddish papulæ start up, especially on the surface of the tits, changing to regularly pitted pustules, and acquiring their full development in from four to seven days. The pustules are of the color of silver and mother-of-pearl, surrounded with a rose-colored areola and filled with a clear lymph from the commencement, the udder is hard and more or less painful. From the 12th to the 14th day the pustules become of a brownish color, and are covered with a scurf, which, on falling off, leaves roundish cicatrices behind. By the operation of milking, the disease is easily communicated to other cows. This is the genuine cowpox, but there is also a spurious cowpox on the udders which, if used for purposes of vaccination, does not afford any protection against smallpox; these are small, acuminate, un-pitted vesicles, breaking out irregularly, ripen on the third day, and then scab off. The cow shows scarcely any symptoms of illness. The cowpox contagium is fixed, it adheres to the matter contained in the vesicles or pustules, to the scabs of the pocks, and cannot be spread by the exhalations of the patient. The cowpox-lymph is a transparent, rather viscid, inodorous liquid having a saltish taste, and consisting of water and albumen. This contagium probably

communicates itself to most animal organisms only by inoculation; the human organism receives it without regard to sex, age, race, &c. One successful vaccination is generally sufficient to neutralize the susceptibility to the variola-miasm. The signs of a successful and satisfactory vaccination are: the regular development of the pock, the secondary fever, and the remaining scar. During a fresh outbreak of epidemic smallpox it is well to revaccinate the children that had been vaccinated some ten or twelve years previous; if they should not be susceptible to the variola-contagium, the matter will not take; but in the contrary case, the matter will take and the virus which it produces can be used for the purpose of vaccinating other individuals. I know this from experience. In other cases of revaccination there was no regular pock, but merely a sore which healed again in seven or eight days. If the contagium be well guarded in a phial that is hermetically sealed, it will preserve its contagious property for years; but the access of air, electricity, chemical agents, destroy its virtue. If the body should be under the influence of some undeveloped disease, such as scarlatina, measles, whooping-cough, &c., the action of the contagium is either impaired or entirely neutralized. If the body should have been already invaded by the variola or varioloid contagium, the vaccination is of no avail and merely serves to hasten the outbreak of the disease.

In vaccinating a child, we should observe the following rules.

1) The matter should be taken from a perfectly healthy child; 2) it should be taken on the 7th or 8th day after vaccination, while the lymph is still perfectly clear, not viscid or purulent; 3) the best method is to use the matter directly from the arm, and not from intermediate vehicles, such as glass-tubes, sticks, threads, &c.; 4) the safest mode of introducing the lymph, is by pricking the skin which should be stretched with the fingers, with a

lancet the point of which is armed with matter, or a few incisions may be made, but not too deep, so as to avoid an unnecessary flow of blood; 5) individuals may be vaccinated from the 3d month to the 10th or 12th year, except during the period of teething, or in mid-summer, fall or winter; if the smallpox should rage, these exceptions cannot be regarded; 6) no particular treatment is required, but dietetic transgressions should be avoided, nor should the child be allowed to take cold, or be overheated. If the arm should swell very badly, and an erysipelatous inflammation should set in, a dose of *Aconite* and perhaps a very small dose of *Belladonna* may be given. Before the scab comes off, it is well to give the child a dose of *Sulphur* 30th, and afterwards a few more doses at intervals of a fortnight.

---

## CHAPTER XLII.

### SCARLATINA (SCARLET-FEVER.)\*

It is well known that scarlatina is contagious, but whether the scarlatina virus develops itself in the body spontaneously, or is communicated by contact, is a mooted question, the solution of which will require more experience than we now possess.

Scarlatina runs through four stages: the precursory stage, the eruptive stage, the stage of efflorescence and desquamation. The stage of incubation, during which the scarlatina virus gradually impregnates the organism until the eruption breaks out on the skin, lasts from three to eight days.

The *precursory stage* lasts from one to three days, and the phenomena of this stage are mostly such as characterize fever, alternate chills and heat, very rarely a

---

\* See Dr. Lorbacher's Essay on Scarlatina, in Müller's Vierteljahrsschrift, Vol. III. No. 3.



violent chilliness, excessive languor, intense feeling of illness, pains in the loins and limbs, violent thirst, loss of appetite, headache, hurried and full pulse, increased temperature of the skin, constipation, scanty, highly-colored urine, sometimes nausea and vomiting; fever-exacerbations in the evening, and remissions in the morning. Characteristic indications of the precursory scarlatina-fever are: excessive frequency of the pulse, 110 to 120, until the exanthem is out; extreme heat, which is felt both by the patient and others, even the breath being hot; these fever-symptoms are generally accompanied by angina, stinging, scraping, pain on swallowing, the whole mucous membrane of the pharynx, velum palati, œsophagus, tonsils, uvula is of a fiery red, with moderate swelling, the root and middle of the tongue are coated whitish, the edges and tip of the tongue are red, but not in every case; the exhalations of the scarlet-fever patient have a peculiar pungent odor, which is particularly perceptible when the eruption is fully out, and has been compared by Heim to the odor of herring-brine, old cheese or wild beasts in cages; in some, even mild cases, the fever rises during the exacerbation until the patients become delirious and are even seized with convulsions; these, however, cease after the eruption is fully developed.

The *eruptive stage* is very short, and generally lasts only twelve hours. After the precursory symptoms have lasted from two to three days, the eruption first appears on the neck, face and on the chest, whence it spreads onward, but it generally remains most copious on the above-mentioned parts. At first the exanthem consists of a number of small, red stigmata which soon increase to large, bright-red, erythematous spots with irregular borders, the redness speedily disappearing under pressure but reappearing again speedily as soon as the pressure ceases. The spots sometimes run into each other and then the skin looks red as a lobster, especially

on the neck, face and chest, then on the forearms, thighs, and on the flexor-sides of the joints. The skin is frequently stretched and turgescient. Sometimes the eruption breaks out in connection with a copious warm sweat, in which case it runs a mild course, even if the exanthem should be copious ; as a general rule, however, when the exanthem is very copious, the skin is hot and dry. As the eruption increases, the angina increases likewise, deglutition becomes painful, the redness and swelling increase ; the eye is sensitive to the light, the conjunctiva is red. If the reddened skin should feel rough, as if dotted with granules or rash-pimples, we term the eruption *scarlatina miliaris* or *papulosa*, which is the most frequent now-a-days, and consists of a fine little rash or stigmata.

The efflorescent stage generally lasts four days. In the first half of this period the redness and angina reach their acme, and decrease again in the second half. The fever abates, but continues still ; the patient becomes more quiet, the pulse is less frequent, but the evening-exacerbations still continue, during which the exanthem has a brighter blush and the skin is drier and hotter than in the morning. The violence of the angina does not always depend upon the quantity of the exanthem ; the exanthem may be very numerous, and yet the angina very slight, or vice versa, the angina may be violent and the exanthem moderate ; but a densely-crowded exanthem seems to be always accompanied by intense fever. During the last days of this stage the eruption gradually grows paler, the intervals between the scarlet-spots increase in size, and the disease passes into

The *stage of desquamation*, which generally commences on the sixth day of the appearance of the eruption. The erythema continues longest in the lumbar region and round the joints. The sooner the desquamation commences, the longer it generally lasts. It generally sets in with increased fever-exacerbations, moisture

of the skin which had been dry and hot so far, the breaking out of a strangely-smelling, alkaline sweat; the desquamation of the epidermis commences with an itching sensation on the neck, face, chest, in the same order in which the eruption had made its appearance. On these parts the desquamation generally takes place in scales, on the fingers, toes, arms, in patches. The fever and the angina cease entirely; the fauces and buccal cavity become moist and slippery, the tongue becomes clean likewise loses its epithelium; the urine is copious, turbid, deposits puriform sediments of a dingy reddish-white color, sometimes exhibiting to the microscope detached patches of epithelium; in other cases the sediment consists of a loose and lightly-floating mucus. A similar metamorphosis of the intestinal mucus membrane sometimes leads to critical alvine evacuations which afford considerable relief.

This last stage runs from five to ten and even fourteen days, and even after this period the skin remains sensitive for a long time, and febrile motions are very apt to set in. This is the ordinary course of scarlatina, but there are so many varieties and modifications of the disease that almost every epidemic and indeed every single case require to be treated independently from any other. By not losing sight of the fact that the eruption is merely a symptom of a general constitutional disturbance, we shall not wonder to see cases of scarlatina without angina or with very little soreness, at any rate; formerly such cases were misapprehended at first, and the real disease was not found out until the consequences of the mistake had fully developed themselves. There is a scarlatina without an exanthem, and the angina is so much worse the less the eruption was visible, the existence of which becomes, however, evident from the subsequent desquamation. We have the *scarlatina variegata*, where the exanthem first appears in the shape of small stigmata, in which some pretend to have discovered

little elevations by means of the microscope; out of these stigmata spots develop themselves, even to the size of the hand, irregular, streaked; they are separated by sound portions of skin, which conveys a mottled appearance to the surface of the body. The larger and more numerous the scarlet-spots, the more readily do they run into each other, and the skin appears to be uniformly covered with an erythematous redness; in some parts, however, the skin is of a dark purple-color. The red spots are moderately swollen, tense, the skin is sensitive to contact, and the patients complain of feeling a pain under the redness. This is termed *scarlatina lævigata*, and particularly resides in the face, on the eyelids, upper extremities, whereas other parts present the *scarlatina variegata*. The *scarlatina lævigata* is generally accompanied by synochal fever, it is more firmly-seated than the *variegata*, does not readily disappear from the skin, and the epidermis peels off in patches. It is for this variety that Hahnemann has recommended *Belladonna* as a remedy and a preventive.

The *scarlatina miliaris* is different from all these varieties. There arise on the scarlet-spots miliary vesicles resembling rash; they are filled with a clear fluid, are sometimes single and at other times in clusters, and are particularly numerous on those parts where the redness is most intense, especially on the neck, abdomen and extremities. These vesicles frequently do not break out until the efflorescent stage has set in, they dry up and shrink in the period of desquamation, or else they break and form thin scurfs which likewise come off during the period of desquamation. Hahnemann who first named this form, and found that *Aconite* was the specific remedy for it, drew upon himself the scorn and derision of the medical fraternity for daring to constitute the *scarlatina miliaris* a distinct variety of the *scarlatina eruption*; even in recent works this derision still continues.

As regards color, there are likewise striking differen-

ces; at times it is rose-colored, at others of a bright red, or of a purple-red, or in some cases it has a livid or yellow tint.

Another classification of the disease is based upon the character of the constitutional reaction; we have *erethic*, *inflammatory* or *synochal*, *gastric*, *typhoid* or *torpid*, and *putrid* or *septic scarlatina*; these two last varieties are likewise termed malignant scarlatina. In speaking of the treatment, we shall recur to this division.

The local symptoms are likewise variously modified; the serous membranes of the brain, spinal marrow, chest, abdomen may be affected; there may be a variety of dropsical symptoms; there may be inflammation and suppuration of glandular organs, the submaxillary and parotid glands, &c.; abscesses under the skin, suppuration of the articular cavities; furuncles; scarlatina, coryza and otorrhœa; gangrenous destruction of the skin, and the mesenteric neuralgia mentioned by Schönlein.

The post-mortem appearances are of very little importance to a better diagnosis of the disease. The alterations on the outer skin are very trifling after death; in some cases the redness disappears, in others it becomes livid, and in a very few cases we see bloody extravasations. In the throat we have the same changes which exist already before death; on the mucous membranes of the stomach, intestinal canal and on the serous membranes of the brain scarlet-spots and a scarlet-redness are said to have been observed. Most physicians agree that the inner surface of the right ventricle and of the superior and inferior vena cava looks red. In the intestinal canal the glands of Brenner and Peyer are sometimes enlarged. Serous and bloody exudations are discovered in the cavities, in the cellular tissue and even in the lungs and other internal organs, and, according to Willis, these exudations contain urea. According to Fuchs, the liver in scarlatina as in all other erysipelatous forms of disease, is engorged with blood, and on its



concave surface it is of a dark color, the spleen is frequently soft and full of venous blood.

*Causes.*—There is scarcely a doubt that scarlatina is an epidemic disease, but this epidemic character is based upon a contagium which is first developed out of several simultaneously-existing cases. The susceptibility to the scarlatina-contagium is not near as general as to that of variola or measles; children from two to twelve years old are particularly liable to being infected; infants at the breast are rarely attacked, albeit there are cases where even the unborn foetus had been infected with the disease. In a mild epidemic attempts have frequently been made to communicate the disease by putting sound children in the same bed with a sick child, but such attempts almost uniformly failed. Both sexes are equally liable; constitution and temperament have no influence either for or against; but the more or less dangerous character of the disease frequently depends upon the individuality of the patient, and it frequently happens that the more robust the children, the more violent and intense the disease.

*Prognosis.*—There is scarcely a more insidious disease than scarlatina; apparently mild and benign in the beginning, it sometimes assumes the most malignant character as it progresses; and vice versa, threatening at first, it yet runs a mild course, without disturbing to any considerable extent the general organism, although there is, in such cases, danger of consecutive diseases. On this account scarlet-fever patients should be carefully watched by the physician until the restoration of the patient's health is completed. Nevertheless the prognosis is sometimes favorable, especially when the epidemic is of a mild character. In general it depends upon the following circumstances. The *type of the disease* is of great importance, the torpid and putrid type is much to be dreaded, especially in districts where miasmatic diseases prevail; hence a complication with



typhoid diseases, intermittent fever, dysentery, &c. is exceedingly dangerous; *the character of the fever* is likewise to be weighed, it seems to be conceded that the erethic form is less dangerous than the synochal. The *season* is supposed to influence the course of the fever, and some pretend that winter is less favorable to scarlatina than summer; others again maintain the opposite. The prognosis depends likewise upon the stage or *period of the epidemic*, for it is well known that the cases which occur during the decrease of the epidemic, are less violent and therefore less dangerous than those which occurred in the commencement of the epidemic and during its subsequent development. The *stage of the disease* is likewise of great importance, and the danger is greatest until the sixth day. *Constitution* and *age* likewise determine the prognosis; infants at the breasts, weakly and sickly children are exposed to great danger, and robust children are sometimes suddenly attacked with a cerebral disease. As regards the *form of the disease*, it is well known that scarlatina lævigata and miliaris are less disposed to strike in and occasion metastatic diseases than scarlatina variegata; the livid color of the exanthem, its evanescent character, and the delirium which accompanies it, are very unfavorable symptoms. Every body, even beginners, know that cerebral symptoms, or symptoms involving the spinal marrow, sopor, coma, convulsions, blindness, trismus, hydrophobia, &c., are exceedingly dangerous, and require the whole attention of the physician. It is a more favorable symptom when the angina is proportionate to the eruption than when it is disproportionately slight and disappears too rapidly; swelling of the parotid and other glands, inflammation and suppuration of the cellular tissue of the neck, œdema of the glottis, are bad symptoms. Such are likewise a foul breath, colliquative diarrhœa, sopor, vertigo, deafness, convulsions, grating of the teeth, complete retention of the urine, exhausting hæmorrhages, petechiæ,

sudden prostration, apathy, a small and frequent pulse, hurried breathing; according to Lietzau, violent urging to urinate and discharge of watery urine while the eruption is fully out, indicate fatal affections of the brain and spinal marrow with disappearance of the eruption; sudden change of color in the face, especially sudden paleness and coldness around the nose, point to impending death. Favorable signs are: absence of internal inflammation, florid eruption of a scarlet red, regular course of the exanthem, general desquamation, abatement of the pulse after the eruption is out, &c. Nevertheless, even if the signs should seem favorable, the physician should be slow to prognosticate a favorable result, for it but too frequently happens in this disease that a dangerous change takes place quite suddenly.

*Treatment.*—The description which I have given of the various forms of scarlatina, and which is tolerably complete and scrupulously correct, shows that there exists no more for this than for any other disease, a fixed, stated course of treatment, and that, on the contrary, the treatment of each particular epidemic, and sometimes even of each particular case, depends upon the actual character and symptoms of the disease. Every unprejudiced observer will therefore join with me in opinion that the prophylactic virtues of *Belladonna* which Hahnemann has recommended as a preventive for scarlatina, cannot be as safe and certain as those of the cowpox virus for variola. It is nevertheless true that *Belladonna* is a prophylactic for certain forms of scarlatina, and that, even if it should not protect every body, or not keep off the disease in those who had taken the prophylactic, it will certainly moderate the course of the eruption and diminish the danger of a fatal termination. As a prophylactic *Belladonna* may be used in various attenuations, from the 3d to the 30th, according to the intensity of the disease and the age and constitution of the patient. No matter what attenuation be used, a few

globules once a day will be sufficient; after eight days it may be given every other day, and afterwards even less. While using the Belladonna all acids have to be avoided, for these increase its effects; and likewise wine and coffee, because these destroy the action of Belladonna. If *scarlatina lævigata* and *miliaris* should prevail at the same time, *Belladonna* and *Aconite* should be given alternately, each of the same potency. Belladonna acting longer than Aconite, there should be a longer interval allowed after the Belladonna than after the Aconite.

Ten years had elapsed since I first commenced the practice of my profession, and during all this period I had treated many cases of scarlatina without losing a patient. I fancied that I was capable of curing every case, no matter what the type or symptoms of the disease might be, when I was all at once torn out of my illusion, during an epidemic by two cases, which seemed to be of a typhoid and putrid character. One of these cases was scarlatina miliaris. The skin was of a scarlet-red, and the exanthem was uniformly spread over the whole body, the fever and pulse seemed to correspond with the quantity of the eruption; there were no other constitutional symptoms than a diminished appetite, an increase of thirst, retention of stool and a moderate angina. The patients seemed to be robust and fleshy children. I gave *Aconite* and *Belladonna* alternately every two or three hours; the patients became more quiet and rested better at night. On the third or fourth day I noticed that the exanthem remained the same and that the children were very anxious to take their medicine regularly; but the pulse and fever remaining fair, and the children answering my questions with apparent composure and a full consciousness, I had no unfavorable apprehensions. But suddenly as a flash of lightning the symptoms changed, the consciousness was impaired, sopor set in, the patient had but few lucid moments, death

ensued in from two to three hours, and the scarlet-redness which had remained unaltered until then, disappeared. In the second case the disease seemed to be of a milder form; the exanthem was less copious, but also more abnormally developed; the constitutional symptoms were so slight that the child was not willing to leave off playing, much less to remain in bed. This continued until an hour before death, and the only dangerous symptom seemed to be an uncommon talkativeness, which no persuasion could subdue, and which seemed to indicate a high state of nervous exaltation. Before I had time to prescribe a remedy for this condition a fatal affection of the brain set in, and carried off the patient. I have had several such cases which have convinced me that our art is not sufficient to cure all cases of scarlatina, and that we shall have to enlarge our means of cure, or our knowledge of those which we now possess, if we wish to meet all sudden emergencies, and more particularly all the dangerous metastatic changes which so frequently occur during the course of epidemic scarlatina.

Should we refrain from interfering in case the disease should run a mild course? I believe that no physician would be willing to answer this question in the affirmative, particularly in scarlatina. No homœopathic physician, at any rate, would be willing to remain an idle spectator when he knows that his small doses cannot do any harm and might perhaps shorten or mitigate the course of the disease. All his doubts as to the propriety of interfering will disappear, when he considers that, although the scarlatina virus may probably always be the same, yet it may be essentially modified by concomitant circumstances, the epidemic type, the individuality of the patient, endemic or atmospheric influences, complications, &c. It is for these modifying conditions and influences that the physician has to institute a suitable treatment, which will have to be adapted to the nature of each epidemic, and even each particular case. Diet alone

is not sufficient to regulate all these accidental conditions. All I can do is to indicate general rules of treatment, and to name certain generally required remedial agents, but in particular cases the genius and good sense of the practitioner will have to be his guiding principles.

One truth, however, should be impressed upon the mind of every young physician; it is this, that in every case of scarlatina the eruption is not the disease, but merely a symptom which of itself has no more value than any of the other symptoms. This will become more apparent in typhoid and putrid scarlatina where we frequently have to give medicines that have scarcely any resemblance to the cutaneous eruption. It is the totality of the constitutional symptoms that should guide us in the choice of a remedy, if we wish to conduct the treatment to a successful termination. The patients should be kept neither too warm, nor too cold; the temperature of the room should be about 40° F.; this is quite high enough, considering that such patients have to remain in bed all the time; if they should desire more or less warmth, their wishes in this respect may be gratified, and may perhaps be an indication for certain remedies. A current of air or any other exposure that might induce a cold, should be strictly avoided. The sick-room should be carefully ventilated every day, and, if possible, no more than one patient should be kept in the same room, for the collection of several patients in one room might generate a miasm which would tend to increase the virulence of the disease. In regard to drink, the patient may be given any thing he asks for, unless it should be decidedly deleterious; the best beverage is water, sweetened with a little sugar or a little syrup; the nourishment should consist of gruel (barley, oatmeal, rice, &c.), farina, milk and water, thin slices of bread and butter, stewed fruit, &c., and, during the period of convalescence, all premature use of more solid food should be strictly avoided. It is especially during



the period of desquamation that the whole regime of the patient should be strictly regulated; during this period the organism is extremely sensitive to external influences, diet, atmospheric changes and the like, and the least exposure might be attended with dangerous consequences. Children who are attacked with scarlet-fever, are very apt to feel discouraged as soon as they are told what ails them; it is well to endeavour to raise their spirits, which is sometimes accomplished quite easily by kind persuasions, by making them a little present, or promising speedy recovery.

Among the remedies for genuine scarlatina the most important is undoubtedly *Belladonna*. It is particularly indicated by the following symptoms. The fever sets in with a pretty severe chill, which is soon followed by heat and sweat, no thirst; soon after a dry heat breaks out all over the body, but especially on the feet and hands, accompanied by an intense thirst; during the fever the patient is at times apathetic, and nothing seems to make an impression upon him; at times he is highly irritable and sensitive, and the ideas seem to wander; the pulse is strong and accelerated. In some cases the first signs of redness are accompanied by convulsive motions of the limbs, after which variously-shaped scarlet-spots break out all over the body; the eruption is sometimes preceded by tearing pains in the limbs and loins. The angina is a tolerably characteristic indication for *Belladonna* from the very commencement of the disease; it consists of a bright scarlet redness, first coming out on the left side of the throat, and spreading uniformly as the disease develops itself; even the tongue looks red and is inclined to be dry. The pain during deglutition is stinging and affects even the adjoining glands; it may even be accompanied by a spasmodic contraction of the throat as in hydrophobia; this angina impedes the lateral motion of the neck and the respiration, which is likewise the case when pressure is made on the neck.



Secondary symptoms are : sensitiveness of the eyes to the light, slight inflammation of the eyes, with stinging pains, frontal pressure close above the eyes or various other sensations in other parts of the head, vertigo, sleeplessness, visions on closing the eyes, &c. These and many other symptoms indicate *Belladonna*, no matter what the type and character of the epidemic may otherwise be ; I have seldom given lower than the 24th atten., and have generally accomplished with these high preparations all that I desired.

Next to *Belladonna* we have *Aconite*. It is particularly suitable to scarlatina miliaris or purplerash, first described and properly diagnosed by Hahnemann. It mitigates the symptoms quite a good deal if given in the very beginning, when the fever is high and the patient very nervous ; but it ought to be continued at suitable intervals as long as the fever lasts. I need not particularize the *Aconite*-fever, with which the reader must be well acquainted by this time ; I may add, however, that the mental and moral condition of the patient may furnish striking indications for the exhibition of *Aconite* ; the inconsolable anguish, the fear of imminent death, the desponding mood, the loud lamentations and moaning, the wandering ideas, delirium, &c., all these are characteristic symptoms. Even the symptoms of the precursory stage, nausea and vomiting, dry feeling in the mouth and on the tongue, loss of appetite, headach, scanty and highly-colored urine, angina, dark redness of the tonsils, velum palati and fauces, indicate *Aconite*, and show moreover that the eruption itself is a mere symptom. No anodyne of the old school is as capable of calming the pulse and nerves, arresting the symptoms of cerebral congestion, and removing this intense stinging heat of the skin as *Aconite*. It may be necessary, however, to interpolate a dose of *Coffea* 3d to 6th, especially when the patient is irritated by apparently trifling causes, and tosses about as if beside him-

self. It may even be necessary to give both remedies in alternation, every three or four hours a dose.

These three remedies, Aconite, Belladonna and Coffea, are the principal remedies for all ordinary, simple, uncomplicated cases of scarlatina, and suffice to remove all the symptoms, even the angina. But we meet cases of scarlatina which are neither the smooth, old-fashioned Sydenhamian scarlatina nor the Hahnemannian scarlet-rash, but perhaps a combination of both, for which the alternate use of Aconite and Belladonna would seem to be the best treatment. But this has failed in many cases, and under these circumstances, I as well as other homœopathic physicians have used with great advantage, a remedy which has proved useful in various other epidemic fevers and exanthematic diseases, I mean *Dulcamara*. I am well aware that the pathogenesis of this drug is not very rich, and that old school physicians do not seem to attach much value to its therapeutic properties, but I can nevertheless assure my readers that it is a most useful medicine and indispensable to the speedy and successful treatment of many diseases. We know that *Dulcamara* cures a variety of ailments produced by a cold, angina, catarrhal aggravations of exanthemata, &c. In the commencement of our art, when we had but few medicines, but studied these few with becoming attention and perseverance, it was natural that *Dulcamara* should be thought of in cases where Aconite, Belladonna, Mercurius and Sulphur had no effect, and it was found that *Dulcamara* would act favorably when the following symptoms occurred, especially in scrofulous subjects. The precursory stage commences with pains in the limbs, and cold creepings over the back in the evening; the vomiting which occurs in the commencement, is generally followed by sopor, the skin is dry and burning, and slightly red, and retention of urine is frequently present. As the disease progresses the pains concentrate themselves in the head and feet, and the

exanthem looks like a fine vesicular rash, although a more careful inspection of the skin shows single smooth, somewhat swollen, bright-red spots; there is considerable angina, some redness, though not as intense as in the Belladonna angina, with difficulty of swallowing, hard, tense swelling of the parotid and submaxillary glands, and a croupy cough, which is occasioned by the inflammation extending to the larynx. The fever is violent, with delirium and thirst, the urine turbid, and having a fetid smell. In some cases the exanthem consisted of isolated, sparse spots like urticaria, with slight angina, but very violent pains in the limbs, causing the child to cry, and soon followed by œdema of the whole body. The eruption would scarcely have passed for a scarlatina exanthem, if the subsequent, long-lasting desquamation had not shown its true character. I have generally used the 3d to 6th attenuation.

Dr. Thorer recommends *Ammonium-carbonicum* as a specific for scarlatina; I have never had an opportunity of using it. It produces a scarlet-like eruption, but it is the totality of the symptoms that will have to decide whether this drug will rank with Belladonna and the other remedies in common scarlatina, or whether it is only adapted to exceptional cases.

I will now add a few observations on the treatment of typhoid and putrid scarlatina. Almost in every epidemic there will occur one case of a typhoid nature, not because the scarlatina virus was more malignant in this case, but because the disease was rendered more virulent by accidental complications and influences, the prevailing type, the constitution of the patient, an hereditary cerebral irritability, causing the brain to become more deeply involved in the morbid process. In such a case the fever runs an irregular course, at times prolonged, at others suddenly terminating fatally.

The typhoid character of the disease is seen even in the precursory stage. We have striking debility, dulness

of the head, vertigo, delirium, restlessness, oppression, convulsive twitchings, excessive vomiting, colliquative diarrhœa; the pulse is frequent, hurried but feeble, compressible; there is a dry, stinging heat of the skin, or else the temperature of the skin is unequal. Sometimes we see a dark redness on the cheeks, with faint, dim eyes, hurried respiration and hot breath. The symptoms keep changing all the time, and they seem to contradict each other. In this stage even the angina frequently has a gangrenous, diphtheritic character. All the symptoms increase with the fever-exacerbation. After three to four days, the exanthem appears very slowly, the spots come out scattered here and there, they are pale, livid, the skin between the spots is dry and looks shrivelled, dead. Sometimes the exanthem does not come out at all, and the patient dies in a state of collapse. The eruption is frequently accompanied by miliaria and petechiæ; sometimes even the exanthem consists of broad, dark petechiæ round the clavicles, in the inguinal region and on the inner sides of the extremities, there are even cases where these petechiæ are wanting, and where we only see a livid color of the hands, feet, and depressions on the surface of the body. But even if the eruption do break out, the spots soon disappear again, especially during the period of remission, and they only become visible at night, during the exacerbation of the fever. The typhoid symptoms increase, the patient is comatose, or blandly delirious, the face has a cadaverous look. The tongue becomes dry, smooth or brown, and, like the teeth and the mucous membrane of the nose, it is covered with sooty sordes; the patient settles towards the foot end of the bed; subsultus tendinum, grasping at flocks, tremor, singultus, difficult breathing, difficulty of swallowing or complete inability to swallow, grating of the teeth, involuntary stools, frothy diarrhœa set in, and the patients die sometimes on the 2d, 3d, 4th day; sometimes all these last mentioned symptoms are

wanting, and death ensues nevertheless; nor does the post-mortem examination unravel the mystery. If the patient should pass through the crisis, the typhoid symptoms abate, a sound sleep overtakes him, but even then all sorts of anomalous complications may yet take place, and cause death.

Nothing but sheer infatuation could induce a physician in such a case to use one of the above-mentioned remedies, instead of at once giving *Arsenic*, which would be the real specific for these symptoms, and will act best in the higher attenuations, repeating the dose every three or four hours. Even though the symptoms should seem to vary frequently, yet I advise the physician to adhere to *Arsenic*, unless no improvement whatever should have taken place after giving the *Arsenic* four or six times, when some other remedy will have to be given. Many would now perhaps give *Carbo-vegetabilis*; but I have become convinced by actual experience that *Rhus-tox* is more adapted to such a condition, and will not leave us in the lurch, which *Carbo-veget.* often does, even where we most relied upon its efficacy. Nevertheless, it is not my desire to predispose the young practitioner against the use of charcoal in this disease, and I even think that the burning-stinging pains in the throat, the inflammation of the uvula and tonsils, the dry and brownish-coated tongue, the heavy and impeded speech, the dry mouth, the excessive thirst, the increased diarrhœic stools, the thick, turbid, reddish urine, the periodical bleedings at the nose, followed by vertigo, nausea, obscuration of sight, or even fainting, &c., the glandular and lymphatic swellings, the feeble, thin pulse with extreme heat of the body, the sopor with stertorous breathing, the cold sweat on the limbs, and the coldness of the limbs themselves, the hippocratic countenance, are characteristic indications of charcoal in this stage which may be exhibited in the 12th to 18th atten., and will probably be serviceable to the patient. Several among the



above-mentioned symptoms indicate *Rhus-tox.* as well as charcoal, especially when the following additional symptoms are present: chills or severe chilliness, attended with violent pains in the limbs, headach, vertigo, desire to vomit; heat with violent delirium, excessive debility, dry, black tongue and lips, red cheeks, grasping at flocks, small, hurried pulse, somnolence, inarticulate talking and stertorous breathing; petechiæ with prostration, frequent nosebleed at night, occasional erysipelatous swelling of the face. The 12th atten. is the most suitable; it may have to be repeated, this will depend upon the circumstances of the case.

Another medicine which is sometimes indicated in scarlatina, is *Acidum-muriaticum*, which I always employ in the 3d attenuation. The most characteristic indication for this medicine is the settling of the patient towards the footend of the bed, which is generally accompanied by the following symptoms: burning heat of the whole body, with anxiety which drives the patient to uncover himself, especially during the evening-exacerbations, continual restlessness in the whole body, except in the feet, and more particularly in the arms, which the patient cannot keep still for a moment; frequent and regular intermissions of the pulse; dark redness of the cheeks, red, dim eyes, blueish color of the neck, irregular, scanty eruption of a scarlet red, but mingled with petechiæ, considerable angina, with disposition of the tonsils and the adjoining parts to ulcerate; moaning, sighing breathing, bad, foul smell of the breath; discharge of acrid pus from the nose, which excoriates and blisters the parts around the nose and lips. It is probable, although I cannot speak from experience, that *Phosphorus* is of great use for these symptoms; its symptoms certainly correspond with those of typhoid scarlatina; I need but mention the dark, brownish, petechial spots, the extreme debility, the accelerated, hard pulse, with great fever-heat, the dryness, hardness and the



blackish crusts of the tongue and lips, the difficulty of swallowing, the impeded speech, and the hardness of hearing, not to mention a variety of other symptoms.

A combination of the typhoid and putrid form is recognized by the following symptoms: the angina inclines to become gangrenous; exhausting hæmorrhages set in, frequently at an early period, especially from the nose; bloody urine is discharged, petechiæ appear between the livid scarlatina-spots, sometimes furuncles which speedily become covered with gangrenous scurfs, bedsores, cholera-like evacuations, colliquative, excessively fetid stools, discharge of a corrosive, fetid matter from the nostrils. One of our principal remedies for typhoid-putrid scarlatina is *Arnica*, especially when the following symptoms indicate its use: frequently-repeated nosebleed, hæmorrhage from the lungs increased by coughing, and aggravating the signs of anæmia; excessive restlessness, compelling the patient to toss about from place to place, although the patient is so feeble that he is almost unable to stir; ecchymoses in various parts of the body of every variety of color; boils, generally of small size, but in considerable numbers; dry fever-heat with moderate thirst, but with a disposition to uncover himself, although the patient feels chilly immediately after uncovering himself, or after every motion. Characteristic indications for *Arnica* are evening-paroxysms of vascular excitement and throbbing through the whole body, albeit the symptoms of anæmia are very striking. This last symptom, as a separate symptom, may also point to *China*, *Mercurius*, *Bellad.*, *Phosphorus*. Other indications for *Arnica* are apathy and despondency, light delirium, difficult deglutition, with a noise as in incipient paralysis of the organs of deglutition, involuntary stool, scanty, dark-colored urine. Formerly I used to give from five to ten drops of the third or sixth attenuation in an ounce of water, a teaspoonful every half hour or hour.

Sometimes it is exceedingly difficult to diagnose a combination of typhoid and putrid scarlatina, or the disease is so virulent that the most-carefully selected medicine has no effect, and death is inevitable. For this latter condition there is no remedy and every physician, even the best, must be prepared to meet cases of this kind; but in the former circumstance we have still a medicine from which we may expect good results, it is *Lachesis* 12th or 18th atten. Speaking of smallpox I have had occasion to recommend this agent for its power to produce hæmorrhages, and to decompose the blood. This same faculty gives it a good deal of importance in scarlatina, to which the following characteristic indications may be added: the eruption is accompanied from the start by swelling of the whole body, or at least by a swelling of the parts which are covered with the eruption; the dark-red portions of the skin sometimes change to a brownish color in a couple of hours, and show a disposition to become gangrenous, previous to which, however, the patients generally die; convulsions with screams, interrupt the sopor; the angina is followed by suffocation, and the phlegmonous inflammation of the fauces denotes a readiness to terminate in gangrene; discharge of foetid bloody pus from the nose, &c. Beside these remedies we may have to give *Carbo-vegetabilis*, *Arsenic*, *Phosphorus*, *Secale-cornutum* and other medicines.

The cerebral affection which sometimes develops itself out of the scarlatina virus, and may lead to paralysis of the brain, even without a previously-existing inflammation or effusion, is either the result of an imperfectly or an excessively developed eruption.

In case the eruption should be irregularly or scantily developed, the physician will have to endeavor to rouse the dormant reaction of the organism, not by warm drinks or by an excessive temperature of the room or bed: for such means frequently bring about the very result which we meant to avoid: but by stimulating the

nerves and circulation by means of suitable homœopathic medicines, such as *Aconite*, *Ipecacuanha*, *Bryonia*; *Aconite* being given, when the morbid condition is characterised by partial sweats, nervous and vascular excitement, redness of the face, glistening eyes, occasional delirium, &c., also by anxiety and restlessness, tossing about, sleeplessness, without any other functional derangement; *Ipecacuanha* for spasms and convulsions of various kinds, violent vomiting and other symptoms of gastric derangement, sighing breathing, and momentary paroxysms of oppression on the chest; *Bryonia* deserves a preference when the precursory stage is characterized by nightly paroxysms of dyspnœa arresting the speech and respiration, with restlessness, vascular excitement, sleeplessness and tossing about, alternate chills and heat, costiveness, loss of appetite, &c.

These are not all the medicines that may have to be given for the purpose of facilitating the coming out of the eruption; they will serve to direct the physician's attention to other remedies that may seem more suitable for particular cases. These three medicines may likewise be exhibited after the eruption is out, provided the above-mentioned indications are present; or they may be given in alternation: *Bryonia*, for instance, may be alternated with *Ipecacuanha* when the child's anguish is manifested by its excessive loquacity, and they may yet keep off a fatal termination.

In the second case, when the whole body looks as if covered with a red cloth, especially in scrofulous individuals, and *Aconite* and *Belladonna* had had no effect, and the child showed great anxiety to take the medicine, thereby indicating the irritation which the virus had caused in the brain, the only remedy which may yet help in such a case is *Sulphur* in a high form, giving a dose every two or three hours. Whenever the eruption comes out very copiously, it is probably advisable to give *Sulphur* before symptoms of cerebral irritation manifest

themselves, and if a favorable change should take place, to follow up the treatment with *Pulsat.*, *Calcarea-carb.*, *Baryta-carb.*, or some other remedy. Sulphur may be given with advantage in almost any form of scarlet-fever, even the typhoid.

NOTE BY DR. HEMPFL.

In typhoid scarlatina, when the whole surface of the body is thickly covered with a fine scarlet rash, the parotid and submaxillary glands are hard as stone, the teeth covered with blackish sordes, the lips parched and marked with a black streak, the tongue is dry and furred with a blackish-brown mucus, the child wants to drink all the time, stares, tosses about, does not seem to know any one, not even its mother, the skin feels burning-hot, dry, and Belladonna should have been given without effect, I would recommend *Conium-maculatum* as a medicine that is probably more specific to this group of symptoms than any other drug. It might be given alternately with Belladonna or Sulphur or any other medicine that may seem adapted to the particular circumstances of the case, but inasmuch as it would be desirable to test the therapeutic virtues of this drug in typhoid scarlatina, it had better be given alone, without, any other medicine, so far as this can be done safely and satisfactorily.

I will close this chapter with a few observations from my own practice.

One of the most distressing and most frequently-occurring symptoms in the beginning of the disease, is vomiting, which is sometimes so violent and accompanied by such distressing secondary symptoms, that it is necessary to deviate for a time from the original plan of treatment, and to prescribe some exceptional medicine for this symptom. The most prominent symptoms which sometimes accompany the vomiting, are sopor with

furibond delirium, red, wildly-flashing eyes, redness of the face, with striking collapse, and paleness of the face when the sopor sets in; the delirium is accompanied by convulsive symptoms, spasmodic motions of the extremities and whole body, or else these spasms result from the indomitable rage of the patient. The bowels are either loose or torpid, but *Opium* 3d to 6th, two or three doses, one dose every half hour, always gave relief and removed this dangerous aspect of the symptoms.

In other cases there was no eruption, very little angina (some difficulty of swallowing, with fine stinging in the swollen parotid gland), quiet despondency, faint and dim look, with widely-opened eyes and dilated pupils; striking paleness of the face, constant chilliness; small, contracted, hurried pulse, no thirst; the chilliness seems to be accompanied by some rigidity of the extremities; the head ached and the consciousness was obscured. Formerly I gave *Belladonna* for such symptoms, but recently I find that *Pulsatilla* corresponds more closely with this condition. Dose: a small portion of a drop of the 12th atten., every four to six hours.

The sudden disappearance of the exanthem is an unfavorable change, which generally sets in on the 2d or 3d day. Even if there should not seem to be a sudden aggravation of the symptoms, yet the consequences of such a sudden suppression are unavoidable and should at once be averted by proper measures. If the suppression should have a catarrhal origin, and no other symptom should furnish a particular indication, *Dulcamara* every two hours, would be the best remedy. If cerebral symptoms should be present, *Belladonna* has to be given, or, if it should have been exhibited for the eruption, *Sulphur* 30th, in repeated doses, or, if the symptoms should require it, *Stramonium*, *Hyoscyamus*, *Arnica* or some other remedy. A metastasis to the thoracic organs is likewise not unfrequent. It is characterized by asthma, such as is frequently seen previous to the



eruption of an acute exanthem ; the asthmatic difficulty may arise from an erethic or synochal condition of the organ, but most generally there is spasmodic irritation of the pneumogastric nerve. The best remedy for this condition is *Bryonia*, but if the spasms be more universal, *Ipecacuanha*. The most dangerous symptom in thoracic metastasis is palpitation of the heart, with stinging pains in the pit of the stomach, obliging the patient to cry out, and denoting inflammation of the heart. Under these circumstances *Arsenic* 30th has proved the best remedy in my hands, although a fatal hypertrophy of the heart did develop itself in some cases, after having been kept off for a period by such medicines as *Spigelia*, *Lachesis* and others. *Puls.*, *Opium*, *Phosphor.*, *Helleborus*, *Acidum-phosphor.* likewise deserve our attention for the consequences of a suppressed eruption.

The angina sometimes requires particular treatment. In a mild form of the disease no particular treatment is required ; the difficulty of swallowing, with the slight burning, the slight redness of the tonsils, the pharynx, velum, &c. generally yield to *Belladonna*, or, if there should be considerable inflammation, with tendency to suppuration, to *Mercurius* 3d ; if the submaxillary or parotid glands should be swollen and hard, *Baryta carb.* 3d may be given, once every two or three hours. Diphtheritic angina, or angina maligna, which may develop itself in severe cases, even without the fever being of the typhoid or putrid form, requires a different treatment. *Belladonna* and *Mercurius* are not sufficient, but *Lachesis*, *Carbo-veget.*, *Arsenic*, and even *Nux-vomica* 12th (according to my experience, at least) will have to be given. *Nux* is particularly indicated by small ulcers on the inflamed and swollen parts of the throat, having a foetid smell, which denotes a tendency to putrescence ; when swallowing, the children complain of stitches striking to the ears, and are tormented by a dry cough with



violent frontal headach. *Hepar-sulph.*, *Sulphur* and *Ammonium-carb.* may likewise be indicated.

Dr. Hering's experience respecting *Camphor* has been fully confirmed in my own practice. Children with the death-rattle in their throat, hot breath and hot sweat on the forehead, and coldness of the blueish extremities, can yet be saved with camphor, no matter whether an excessive development or a suppression of the exanthem be the apparent cause of this condition. I found it necessary to employ the camphor internally and externally. For the external use I dissolved a grain of camphor in one ounce of alcohol, dropped a few drops of this solution on a small piece of flannel, and, with it, gently rubbed now this, and then another cold part. Internally I gave the first attenuation, one drop in a teaspoonful of tepid water every five minutes, and as the condition of the patient improved, I diminished this dose and likewise the external applications. In such cases camphor seems to be the only remedy of which we may expect a favorable change, and sometimes in fifteen minutes our hope is revived by a returning softness, warmth and gentle moisture of the skin, and a corresponding abatement of the distressing condition of the chest.

During the period of desquamation distressing symptoms may develop themselves, if the patient be not treated with becoming care. These after-diseases are characteristic of the scarlatina-virus. One of these, for instance, is the *œdema*, the non-existence of which is the exception rather than the rule, and which sometimes sets in simultaneously with the eruption, and cannot, therefore have been caused by a cold or an interruption of the process of desquamation. For this reason I think that the warm baths which some physicians prescribe after the ninth day, for the purpose of stimulating the skin and restoring its normal condition, are ill adapted to this end. I think it better to allow the desquamation to go on for some eight days, and then to order a bath

mixed with a little bran, in which the child may be kept some ten minutes, after which it should be gently dried, and put into a perfectly dry and not cold bed. Before putting on the child's under-clothes, shirt, &c., they should likewise be carefully and thoroughly dried and warmed. Two or three such baths are sufficient to restore the normal tone of the skin and hasten the desquamation, and the patient will soon be able, in fine weather, to enjoy the open air.

Among the sequelæ *dropsy* is the most common, especially under allopathic treatment. In such cases *Belladonna* proved to be the best remedy for it, because it had not been previously used, though I had also to resort to other medicines, especially when the dropsy had set in under homœopathic treatment. For anasarca and ascites *Rhus. Helleb.*, *Arsen.*; for hydrothorax *Arsen.*, *Dulcam.*, *Digit.*, *Sulphur*, &c.; hydrocephalus is treated as the common hydrocephalus acutus; otitis and otorrhœa, with deafness and pain in one or the other ear, generally yield to *Pulsat.* and *Sulphur*, and in some cases to *Hepar-sulph.*, *Mercur.*, *Lycop.* or *Silicea*.

A distressing condition which sometimes remains after scarlatina, is a swelling of the cellular tissue of the neck, of the submaxillary and parotid glands, which sometimes terminates in fatal suppuration. This affection increases as the exanthem diminishes. *Baryta-carb.* 2d, one grain every three hours, did good service, but sometimes I had to give *Silic.*, *Rhus-t.*, *Calc.-carb.*, *Kali-carb.*, &c. The suppuration of the cellular tissue of the neck is particularly dangerous. *Silicea* may perhaps arrest it and preserve the patient's life, unless the muscles, nerves and vessels should be completely exposed.

In other cases a croupous affection of the larynx and bronchia remains, which has to be treated with the same remedies as croup. Sometimes it is a simple engorgement and swelling of the mucous membrane, with profuse secretion of mucus, the presence of which in the air-pas-

sages frequently causes suffocative paroxysms, especially at night, compelling the child to sit up, and causing a distressing coughing spell, which results in the expectoration of a quantity of mucus. There is generally fever, and this state of things may even terminate in colliquation and death. If met in time *Senega* 3d or 6th will stay the development of these symptoms, but if I found *Senega* insufficient, *Tart.-emet.*, *Hepar-sulph.*, *Kalicarb.*, or even *Sulphur*, *Calcarea*, &c. helped me out, according as required by the totality of the symptoms.

A dangerous and distressing after-symptom is neuralgia of the extremities, and particularly of the solar plexus, accompanied by a palpitation of the heart, that shakes the whole chest. These pains come in paroxysms, which sometimes last for hours and extort cries. They are generally occasioned by colds, especially by getting the feet wet. It is very difficult to cure these neuralgic pains, and they sometimes do not cease until they have brought about a disorganization of the heart. If seated in the extremities, I have generally succeeded in curing the neuralgia with repeated doses of *Colchicum* 3d, and if this did not seem to be sufficient, with *Mercurius* 3d; at the same time I had the affected part gently rubbed with warm flannel and covered with wadding. We have to prescribe a remedy according to our own theory, for even intelligent children are unable to describe the nature of the pain. The neuralgia of the solar plexus I treated with *Arsenic*, *Lachesis*, *Digitalis*, *Cannabis*, but the termination of the disease in some incurable affection of the heart, showed that these were not the proper remedies for the disease.

#### NOTE BY DR. HEMPEL.

[Of course they were not, and never will be; there is not yet the first case of *true neuralgia* or *tic-douloureux* that has been CURED with any other remedy than *Aconite*. But, of course, a physician has to know how to

use it. In some cases a globule of the 200th potency will answer, in others the mother-tincture, and there are many cases where it has to be given internally and externally at the same time. In neuralgia of the solar plexus, characterized by a hard, aching, pressing, burning-tearing pain, with tumultuous bounding of the heart, dyspnœa, anguish, I invariably give the tincture of Aconite internally, and sometimes have it rubbed on the pit of the stomach besides, and I have never failed in procuring speedy and generally permanent relief. But a mere preparation of the leaves will not do for this purpose; the saturated tincture of Pereira from the root is absolutely required.]

\*

\*

In 1787 an infusion of *Capsicum* was found useful in the West-Indies for epidemic typhoid and putrid scarlatina, and our provings seem to indicate that this drug is possessed of some therapeutic virtues in those forms of scarlatina. In a scarlatina epidemic which raged in the neighborhood of Talbotton, in Georgia, Dr. Delony gave from ten to sixty drops of the oil of turpentine mixed with from one to three spoonfuls of castor-oil, in cases where the exanthem did not come out properly. By this means the exanthem was made to flourish and only a few patients were lost. Turpentine is certainly more important than Capsicum, as the provings show.

---

## CHAPTER XLIII.

### MORBILLI (MEASLES.)

In measles as well as in scarlatina, the essential character of the disease seems to be a poisoning of the blood. As a general rule, this eruption befalls a person once only in his life-time.

The measles, like all other acute exanthemata, run

through four stages, the precursory stage, the eruptive stage, the stage of efflorescence, and the stage of desquamation. This classification has reference only to the eruption, not to the disease itself; for the disease itself exists in its totality from its first appearance, and in reality, does not undergo any essential changes, although the symptoms, and particularly the local eruption undergo successive modifications. It is the totality of the symptoms that constitutes the disease, and not merely the local affection on the skin, which of itself, as a separate and disconnected symptom, is of only secondary importance.

The first or catarrhal, febrile stage, commences with chilliness or alternate chilliness and heat, a sense of languor, malaise, bruising sensation in the limbs, dulness of the head, headache, especially in the forehead, change of color in the face; the child has no appetite, sometimes complains of nausea, desire to vomit, the secretions are rather suppressed. The symptoms of the mucous surfaces are particularly characteristic, and sometimes show distinctly their measles-character, especially during an epidemic. This is a catarrhal affection of the mucous membrane of the respiratory organs, extending from the conjunctiva and Schneiderian membrane to the larynx, trachea and bronchia; lachrymation and itching of the eyes, slight redness of the conjunctiva, photophobia, frontal headache and aching above the orbits, creeping and stoppage of the nose, or fluent coryza, with sneezing, tickling or burning in the larynx, hoarseness, dry irritating cough, hollow cough, having a metallic sound, and frequently accompanied by a feeling of stricture across the chest, shortness of breath and moaning; these symptoms set in almost at the same time as the fever, and have the same exacerbations and remissions. After three or four days the disease passes into the

*Eruptive stage*, which is sometimes preceded by violent phenomena, such as convulsive twitchings, slight



delirium, coma, which disappear again after the eruption is out. Nosebleed affords relief. The exanthem first breaks out in the face, which looks somewhat bloated, especially on the eyelids, nose, ears, forehead, cheeks; thence it extends to the neck, chest and down the back, afterwards on the forearms, hands, abdomen and lastly on the lower extremities. When the eruption first appears, it looks like small, circular spots, resembling flea-bites, and afterwards increasing in size, of a dark-red color; the middle is occupied by an elevated little tubercle; these spots disappear under pressure, but the redness soon returns from the centre to the circumference. On many parts of the skin the spots are congregated in clusters, and these parts are distinguished from other parts where the spots are more scattered. According to Heim the exhalations and the breath of the patient spread an odor like recently-pulled goose-quills, or recently-killed geese. In the face the measles spots are the most densely-crowded and elevated, on the other parts of the body they are disconnected, flatter, and they are rarely and sometimes not at all seen on the soles of the feet and in the palms of the hands. When the measles are fully out, the whole of the skin looks swollen, and all the roughnesses are smoothed over. The eruption passes through the above-mentioned stages and lasts from twenty-four hours to three days. The fever and the affection of the mucous membrane continue apace, and it is only when the disease has a very mild and benign character, that they abate after the eruption is out. In some cases the catarrhal symptoms increase in violence, and in others the fever and catarrh cease almost entirely after the appearance of the exanthem upon the skin.

The stage of efflorescence, during which the exanthem remains visible upon the skin, lasts from three to four days, or from the fifth to the seventh day of the disease. In this stage the measles are of a bright-red, and, where



densely-crowded, the skin feels tight and is swollen. On the fourth day they begin to grow pale in the same order in which they appeared on the skin, they become of a pale-yellow color, and, as they grow paler, the fever and catarrhal irritation abate; the lachrymation, the discharge from the nose, the hoarseness generally cease on or before the seventh day.

The stage of desquamation continues for several days. This stage commences when the eruption disappears. The desquamation sets in with an itching of the epidermis which detaches itself in the shape of dust or bran from the dry and rough skin underneath; but the process of desquamation is not visible even to the closest observer. In this stage the fever disappears entirely, the skin becomes moist, frequently a profuse sweat breaks out, and a slight bleeding of the nose takes place in some cases; the eyelids are somewhat agglutinated in the morning; from the nose a thick purulent mucus is discharged especially during a coughing turn, which is loose. The urine which is discharged more copiously, is turbid, and deposits a white, powdery sediment; some children have critical discharges from the bowels on the ninth or tenth day. The recovery of the patient is characterized by a feeling of well-being, an increased appetite, and an augmentation of strength.

This is the ordinary course of measles; if one or more of these phenomena should be more strikingly developed than others, it is considered by authors a complicated case. The most common symptoms are the bronchial and pneumatic symptoms characterized by cough, croupous phenomena, and even suffocative catarrh and œdema of the lungs. Measles may likewise be complicated with whooping-cough. A complication with gastric symptoms generally takes place only when the prevailing type is of a gastric and bilious nature; such a complication deserves particular attention, for the symptoms are not

quite the same as those which characterize an irritation of the abdominal mucous membrane.

*Sequelæ* are : chronic catarrh, whooping-cough, pneumonia, hæmoptysis, phthisis, croup and cerebral affections ; hard hearing, otorrhœa, deafness ; dry, irritating cough with hoarseness ; blennorrhœa of the eyes, chronic eruptions, furuncles, &c.

The character of epidemic measles depends upon the fever which accompanies the disease. If there be intense fever, we term the eruption inflammatory or synochal measles ; this fever may continue during the whole course of the disease, or it may only break out in certain stages. All the symptoms are more violent, the catarrhal irritation is most intense, and there is danger of the fever running into the typhoid or putrid form, especially when complicated with gastric symptoms, which are recognized from the start by a thick yellow coating of the tongue, retching, vomiting, bilious stools, jaundiced color of the skin and conjunctiva, brown urine. The typhoid, torpid, putrid, malignant character may either exist from the commencement, or it may develop itself in the course of the disease. It is known by excessive prostration, and dulness of the head, vertigo, sleeplessness or sopor, restlessness ; the eruption is preceded by repeated shiverings or even violent chills, accompanied by heat or internal anguish. The eruption develops itself irregularly, more or less slowly or rapidly, at other times by fits and starts ; it is not seated, but comes and goes, is of a pale-red, livid, and in some parts of a bright-red color. The typhoid symptoms become more and more apparent, especially if the exanthem should remain in, the skin becomes cool or else burning-hot, the tongue dry, covered with a dark-brown mucus, pulse small and weak, urine watery ; stupor, muttering delirium, subsultus tendinum, grasping at flocks set in, together with mucous rattling, excessive dyspnœa, convulsive cough, malignant bronchitis. If the patients should live through the first stages

of the disease, the desquamation takes place slowly and imperfectly, and the patients may yet die of exhaustion or some acute consecutive disorder. If the disease should still progress, the blood will become disorganized, and the disease will run into the putrid stage, characterized by a combination of the dark-red or lead-colored measles-eruption with petechiæ and miliaria, colliquative diarrhœa, clammy sweat, hæmorrhage, aphthæ, ulcers, gangrenous angina, bed sore and sphacelus. The typhoid and putrid form of measles is frequently epidemic, but cachectic, weakly children exposed to atmospheric miasms, may likewise be attacked with it. During epidemic measles we frequently notice a catarrh without eruption, which is considered a measles-fever without eruption, or we may have the reverse case, measles without the catarrhal symptoms. Some physicians deny that a catarrh without the measles-eruption, is any thing else than a mere catarrhal affection; but it is nevertheless true that such a measles-catarrh is distinguished from a common catarrh in this that the measles-catarrh is very apt to run into the above-mentioned complications, and it cannot be cured except by medicines that correspond with the measles-affection. Children who have had the measles, may have a few isolated symptoms, catarrh, a few spots, a second time, but this second attack passes off very rapidly.

The post-mortem appearances leave no doubt as to the fact that the same process which we see going on on the skin, likewise takes place on the inner mucous surfaces. We have diphtheritic exudations on the mucous membrane of the fauces and larynx, engorgement of the bronchia with a thin or tenacious mucus, hepatization and splenization of the lungs, tubercles; on the intestinal mucous membrane we discover spots, swelling and ulceration of Peyer's glands, swelling of the mesenteric and bronchial glands.

*Causes.* The susceptibility to the measles-contagium

is very general, and there are but few persons who never have had the measles. The greatest susceptibility exists from the fifth to the ninth year. Epidemic measles generally appear in winter and spring, and disappear in the summer; isolated cases may occur at any period; the measles-epidemic is generally accompanied, preceded or succeeded, by epidemic whooping-cough. The contagium seems to adhere pretty firmly to inanimate objects, and by which it can be carried about for a long period without being destroyed.

The *prognosis* is generally favorable, although there are some epidemics that are full as virulent as epidemic scarlatina and variola. As a general rule the measles themselves are much less dangerous than the sequelæ. Infants at the breast are more in danger than larger children. The measles-process may be intense and yet of a benign character. A good deal depends upon the constitution of the patient, and weakly, tuberculous and scrofulous individuals will have to be treated with particular care. If the disease should break out during the teething period or after having gone through some other disease, such as whooping-cough, influenza, the danger is much greater. Great prostration in the very commencement of the disease, irregular or delaying development of the exanthem, livid or changeable color of the exanthem, suppression of the exanthem and subsequent appearance of doubtful symptoms, increase of the fever and internal symptoms even after the eruption is out, violent dyspnœa, panting cough with blueish color of the face and lips, inflammation of the lungs, larynx, meningeal membranes, &c. are unfavorable symptoms.

*Treatment.* In regard to diet, change of linen, &c. I refer to the chapter on scarlatina; the same rules obtain here; fresh under-clothes of the patient should always be carefully dried and warmed before they are put on the child; damp linen, bed-clothes, &c. might

cause death. The room should be kept pretty dark on account of the sore eyes.

Poor people scarcely ever send for a physician in such a disease, and the children nevertheless get well. I do not mean to recommend this course, but it is certainly a bad plan to dose the child with much medicine. It is particularly the period of desquamation that requires to be attended to, the same as in scarlatina. The children should be kept in the room, especially in cold and damp weather for several weeks after the desquamation had commenced, and on the eighth day we may begin to give them a tepid bath mixed with a little bran.

Both as a prophylactic and a remedy for measles I recommend *Pulsatilla* 12th, and use it particularly when the disease seems to have a malignant type, or had broken out in a numerous family. All persons under thirty or thirty-five years, who have not had the measles, should take the *Pulsatilla*, for, although the susceptibility to the measles-contagium decreases as a person grows older, yet it does not cease entirely. According to the age the dose may be from one to two globules to one or two drops daily during the whole period of the epidemic. If it should be of a benign nature, it is better to allow children to take the disease, because this species of inoculation will protect them for ever, even against any subsequent malignant epidemic, whereas the prophylactic method only affords protection during the period of one epidemic. *Pulsatilla* is chiefly indicated by the following symptoms, even if we should not know that they indicate the approach of measles.

For several days past the child has been more quiet and more indifferent than usual to every thing; it complains of feeling chilly and the sleep is disturbed. These ailments are gradually increased by the supervention of catarrhal symptoms, such as constant titillation in the nose, with desire to sneeze; stoppage of the nose, hoarseness, dry and scraping cough, especially at night.



Simultaneously with these symptoms, and sometimes before, we have an irritation of the eyes, characterized from the beginning by striking photophobia and copious lachrymation, followed soon after by a distressing pressure under the eyelids and by burning stitches when the light impinges upon the retina, although the conjunctiva is not much redder than it is after rubbing the eye hard. All these symptoms increase when the skin begins to itch and burn, until the eruption makes its appearance with the fever. Pulsatilla may be given in every stage of the disease, and it is even adapted to typhoid and putrid measles, especially when the cough is short and dry, with stitching pains in the chest; dry mouth, not much thirst; in some cases the meatus of one or the other ear looks swollen. Pulsatilla, if repeated every four, six or eight hours, facilitates the development of the eruption quite a good deal.

Although I recommend Pulsatilla as the principal remedies for measles, yet it is not by any means the only one. There is scarcely an eruptive disease that is as much inclined to assume an inflammatory character as the measles. This is the reason why even the most distinguished among allopathic physicians, *Sydenham*, *Hoffmann*, *Hufeland*, have recommended venesection for this eruption. I have made this statement for the purpose of basing upon it my recommendation of *Aconite* in this disease, from the 30th down to the 6th, which will be found particularly useful when the prevailing type is inflammatory, and the patients have plethoric constitutions. The *Aconite* will have to be given repeatedly for the purpose of averting an inflammation of the respiratory organs and other dangerous secondary affections. Those who are well acquainted with the physiological action of *Aconite* know, by a sort of practical instinct, when it ought to be employed; but for those who have to be guided by a close observation of the perceptible phenomena of disease, the following indications



may serve as leading characteristics: intense fever; full, hard, hurried pulse, dry heat all over the body, with red and hot face; redness and painfulness of the eyes, with photophobia; painful hoarseness, with short, dry or hollow cough which is frequently accompanied by stitches in the side and chest; little sleep, which is disturbed by vivid dreams and frequent starting; nose-bleed, frequent vomiting, diarrhœa, colic, &c.

Various other symptoms may present themselves; the inflammation, for instance, may extend to other organs, the organs of deglutition and the brain, for instance; the patient complains of difficulty of swallowing, sore throat, painful stitches when swallowing, which even strike to the swollen parotids; the head is affected, feels hot to others, and there is a good deal of internal heat, with aching pain in the forehead, sometimes increasing to delirium, with convulsive twitchings of the limbs; there is intense thirst, anxiety and restlessness, nervousness, sleeplessness; all these symptoms are so prominent that the accompanying hoarseness, the rack-ing cough, with the oppression on the chest, seem inconsiderable and do not cause any apprehension. This group of symptoms is speedily controlled by *Belladonna* 24th to 30th, one dose every six to eight hours.

If the inflammatory action should be concentrated in the thoracic organs, and the following symptoms should prevail: short and dry cough, sometimes assuming a spasmodic character, with vomiting of the ingesta, profuse fluent coryza and occasional nosebleed; difficult, short, anxious respiration, impeded by violent stitches in the chest, which seem to be occasioned by the cough and the deep breathing consequent upon it; rheumatic pains in the limbs; redness and inflammation of the eyelids; constipation, &c., *Bryonia* 12th is the most suitable remedy, which will most speedily remove the inflammatory symptoms, and bring out the eruption in full bloom. In the typhoid or putrid form of measles I

have used *Bryonia* with great success. It is likewise extremely useful if the measles do not come out properly, and this delay in the appearance of the eruption be attended with distressing chest-symptoms. For these two last-named cases scarcely any medicine will do as well as *Bryonia*. In inflammation of the thoracic organs it may be well to alternate the *Bryonia* with *Aconite*.

The symptoms which I have indicated for *Belladonna*, are sometimes accompanied by great nervousness, and I have found it preferable in such a case to first quiet the nervous system by a dose of *Coffea*, after which the *Belladonna* seemed to act much better. It frequently happened that the *Belladonna* ceased to be indicated after the *Coffea*, and that *Sulphur* was then the most suitable remedy, which speedily carried the patient through the crisis. Particular indications for *Coffea* are: irritable mood, weeping, excessive sensitiveness of the skin and senses to outward impressions, slight convulsions, grating of the teeth, complete wakefulness on account of great mental and physical excitement, continual dry, short cough.

These are all the principal remedies for the more complicated forms of measles, but if typhoid or septic symptoms should make their appearance, the medicines which I have indicated for typhoid and putrid scarlatina will have to be used, to which may be added *Acidum-sulphuricum* 6th, and *acidum-phosphoricum* 6th. I scarcely need repeat that the form and color of the eruption may be taken into consideration while we are engaged in thinking of a remedy, but it must not be forgotten that the eruption is merely a symptom, and moreover an exceedingly variable and perverted symptom when the typhoid state has developed itself, and that whatever remedy we choose, must correspond with the totality of the external or subjective phenomena as well as with the internal, essential state of the patient.

If the delay in the coming out of the eruption should

be owing to the constitutional debility of the patient, the same treatment will have to be pursued as when the eruption is suddenly suppressed by external causes. The symptoms which indicate *Bryonia* under such circumstances, have been mentioned above. *Ipecacuanha* 6th is indicated by an anxious oppression or dyspnœa, irritable temper as if vexed, especially at night, when it disturbs or prevents the sleep; these symptoms are generally accompanied by a violent, titillating cough, arresting the breathing, and causing a rigidity of the body with blue face. *Camphora* 1st to 3d attenuation likewise corresponds with this condition. This agent is somewhat neglected by homœopathic physicians, because it antidotes a great many vegetable drugs, and this is supposed to be its chief property and function; but it is an excellent and indispensable remedy for a variety of acute affections. It favors the development of the eruption when the following symptoms are present: excessive debility, with impeded mobility of the limbs and great paleness of the face, all of which symptoms denote impending danger; the skin is cold and blue, chills frequently creep through the whole body and increase to regular shaking chills, with chattering of the teeth and spasmodic rigidity of the body, with cold sweat. These few symptoms are so characteristic for Camphor that no other medicine could possibly be thought of; *Camphor* will stimulate the sinking action of the skin, and bring out the eruption, after which the danger is removed. Two or four globules may be repeated every half hour, and the extremities may be powerfully rubbed with a piece of flannel, moistened with a few drops of a solution of camphor. In many such cases camphor has helped me out, in others I have been obliged to give *Arsenic*, *Phosphor.*, *Sulphur*, *Caustic* or some other medicine. If there should be no complete suppression, but simply a fading of the eruption, with a blueish color of the spots, nausea, colic, watery

diarrhœa, loss of breath, *Chamomilla* will restore the normal condition of the eruption, and *Cocculus* and *Nux-vom.*, respectively chosen according to the symptoms, will remove the unpleasant consequences of a sudden suppression of sweat.

If the measles should be complicated with considerable derangement of the gastric functions, indicated by white coating of the tongue, aversion to food, nausea and vomiting of a slimy, bitter, greenish substance, diarrhœic stools or stools which look like stirred eggs, chills, absence of thirst, whining mood, *Pulsatilla* will be found most appropriate, so much the more as this medicine corresponds with the general character of the disease. But it is not the only remedy that may be indicated in this case. *Ipecacuanha*, for instance, should be given when there is more vomiting than diarrhœa, or when the diarrhœa is entirely wanting. *Chamomilla* is indicated by a yellowish coating of the tongue, diminution but not a complete loss of appetite, bitter eructations rather than vomiting, greenish diarrhœic stools, which look as if mixed with stirred eggs. *Mercurius* may be found suitable for such symptoms. If the vomiting should be accompanied by constipation, *Nux-vom.* will have to be used as the principal remedy, and sometimes *Bryonia*. For further details concerning the gastric conditions which may occur during the course of measles, I refer the reader to the chapters on gastric fevers and gastroataxia in the present work and in my large treatise.

The *spasmodic symptoms* occurring during the eruptive stage of measles, require *Ipecac.*, *Ignat.*, *Stramon.*, *Hyosc.* *Bellad.*, &c.; but if a careful physical exploration of the thoracic organs should satisfy us of the presence of an inflammatory state upon which the spasms, especially in the chest, might probably depend, we shall have to award the preference to *Aconite*, *Bryonia*, *Laurocerasus*, *Phosphorus* and a variety of other medicines.

The treatment of the *sequelæ* depends upon their loca-

lity, form and character. Some of them occur so regularly that I feel disposed to devote a few lines to them. One of the most common consequences of measles is a catarrh, which has scarcely any of the measles-characters left. The cough which characterizes this catarrh, is particularly troublesome; it is excited by every change in the weather, and is accompanied by a renewed roughness in the throat, and hoarseness. If it was a common cough, not distinguished by any characteristic symptoms, I found one or two doses of *Silicea* 30th sufficient to arrest it. If it was a spasmodic cough, of the nature of whooping-cough, and the roughness and hoarseness were present, *Drosera*, *Ipecac.*, *Cina*, *Hyoscyam.*, *Cuprum-met.* were the best remedies. For a rough and dry cough, *Arnica*, *Chamomilla*, *Ignat.*, *Nux-vom.* do the most. For the *critical diarrhœa* which sometimes occurs during the period of desquamation, no treatment is required, except if it should assume the character of a real disease, and by its excess and obstinate course should debilitate the patient and threaten to develop a hectic state. In such a case *Pulsat.*, *Mercur.*, *China*, *Chamom.*, *Sulphur* and other medicines are required.

#### NOTE BY DR. HEMPEL.

In spite of all that Hartmann may say to the contrary, the experience of some of the best practitioners of England and Germany is in favor of *Aconite* in measles, provided the disease is not complicated by other conditions, and the fever is a simple synochus or synocha. It has been found that by giving the *Aconite* steadily for two or three days, the eruption will come out, fade and entirely disappear in three or four days, and the desquamation will likewise be facilitated and shortened.



## CHAPTER XLIV.

## RUBEOLÆ, ROSEOLÆ.

Every exanthem consisting of red spots, and the general and mucous phenomena of which leave us in doubt whether we have before us a case of scarlatina, measles, urticaria, or erythema, deserves, properly speaking, the appellation of rubeolæ. It does not, therefore, designate a definite eruption, but may be the external symbol of a variety of internal morbid processes and changes. In some cases it has been found to simulate scarlatina, in others measles; or it may develop itself in the wake of a typhoid disease, or of variola, cowpox, cholera, rheumatism or some other morbid process, or it may simply be a symptom of some general derangement of the cutaneous, gastric or other functions. According to these observations we may have a variety of forms of this species of exanthem, and a corresponding variety of modes of treatment.

The *rubeola scarlatinosa* frequently prevails during epidemic scarlatina, and is likewise accompanied by angina and fever. The form of the exanthem resembles that of measles rather than scarlatina. It generally runs a mild course. Rubeolæ never run into each other, no matter how thickly the skin may be studded with them. According to *Hufeland* and *Reil*, this exanthem is nothing else than scarlatina miliaris.

The *rubeola morbillosa* has more the appearance of diffuse scarlatina than of measles. It is accompanied by symptoms of constitutional irritation and of irritation of the mucous membranes, especially of the respiratory organs, (coryza, cough, croupous symptoms), and it has the same sequelæ as measles, and the former variety has the same as scarlatina. It is much less frequent than rubeola scarlatinosa.



In *typhoid*, *gastric* and other varieties of fever, *rubeola* may appear upon the skin either as a symptomatic or critical exanthem.

*Rubeola variolosa* is frequently the commencement of *variola*.

*Rubeola vaccinica* occurs more frequently than the former variety; it generally breaks out on the ninth or tenth day after vaccination in the shape of small, confluent spots.

*Rubeola cholericæ* occurs during Asiatic cholera; its appearance is not an unfavorable symptom, but its sudden disappearance is.

*Rubeola rheumatica* and *arthritica*; this occurs quite often in rheumatism and arthritis.

We have moreover a *rubeola æstiva*, *autumnalis*, *infantis*, and a variety of other similar eruptions accompanying the various diseases to which man is subject.

Generally speaking, the *rubeola*-exanthem is more fixed than any other acute exanthem; if it be once out, it scarcely ever strikes in again, not even after a cold. Sometimes the eruption is preceded by a slight fever, accompanied by coryza, sore throat, and in a few days the red spots break out; principally on the neck and chest, less in the face. They are small, red, sharply-circumscribed, scarcely-perceptible, and slightly-raised spots; they break out over the whole body at once, not successively, as in measles and scarlatina. After the eruption is out, the angina and fever abate. The spots never run into each other, remain quite small, of a line or a line and a half in diameter, and, in this respect they are more like measles than scarlatina. In some cases a rash supervenes; this combination is termed *rubeola miliaris*, and occurs especially in hot summers and by keeping the body too warm. The eruption is generally out some three days, after which

it fades away and disappears. The desquamation takes place in the shape of a mealy dust.

This rubeola-eruption is treated in the same way as measles and scarlatina, and the remedies are selected according as the fever and the other collateral symptoms may require. Among them we distinguish *Aconite*, *Pulsatilla*, *Belladonna*, *Rhus-tox.*, *Bryon.*, *Coffea*, *Mercurius*, *Nux-vom.*

WM. RADDE, 322 Broadway, New-York, respectfully informs the Homœopathic Physicians, and the friends of the System, that he is the sole Agent for the Leipzig Central Homœopathic Pharmacy, and that he has always on hand a good assortment of the best Homœopathic Medicines, in complete sets or by single vials, in *Tinctures, Dilutions, and Triturations*; also *Pocket Cases of Medicines; Physicians' and Family Medicine Chests to Laurie's Domestic* (60 to 82 Remedies).—EPP'S (60 Remedies).—HERING'S, (60 Remedies to 102).—*Small Pocket-cases*, at \$3, with Family Guide and 27 Remedies.—*Cases* containing 415 Vials with Tinctures and Triturations for Physicians.—*Cases* with 260 vials of Tinctures and Triturations to Jahr's New Manual, or Symptomen-Codex.—Physicians' *Pocket Cases* with 60 Vials of Tinctures and Triturations.—*Cases* from 200 to 300 Vials with low and high dilutions of medicated pellets.—*Cases* from 50 to 80 Vials of low and high dilutions, &c. &c. Homœopathic Chocolate. Refined Sugar of Milk, pure Globules, &c., *Arnica Tincture*, the best specific remedy for bruises, sprains, wounds, &c. *Arnica Plaster*, the best application for *Corns*. *Urtica urens*, and Dr. Reising's *Homœopathic Pain Extractor* are the best specific remedies for *Burns*. Also, Books, Pamphlets, and Standard Works on the System, in the English, French, Spanish, and German Languages.

# INDEX.

	Page.		Page.
ABDOMEN, condition of the, as		Cynanche stridula, . . .	293
a diagnostic sign, . . .	8	Dampness, . . .	176
Acne punctata, . . .	166	Deutition, difficult, . . .	195
Adhesio linguæ, . . .	55	Derangement without fever,	
Aneurism by anastomosis, . .	60	gastric, . . .	207
Angina faucium, . . .	285	— of the gastric functions,	
— maligna, . . .	286	of new-born infants, . .	121
— membranacea, . . .	293	Desquamation of the skin, as	
— tonsillaris, . . .	285	a diagnostic sign, . . .	8
Ankyloglossum, . . .	55	Diarrhœa of children, . . .	134
Anus, closing of the, . . .	54	Diagnosis of children, gene-	
— imperforatus, . . .	54	rally, . . .	6
Aphthæ, . . .	103	Diet of children, . . .	11
Apparent death of new-born		Digestive organs, diseases of	
infants, . . .	46	the, . . .	205
Asphyxia from deficient vitality,	46	Diphtheritis maligna, . . .	286
— from engorgement of the		Dropsy of the brain, . . .	312
heart and brain, . . .	46	— of the spine, congenital,	62
— neonatorum, . . .	46	Dysentery, . . .	268
— from suffocation, . . .	47	Dyspepsia neonatorum, . .	121
Asthma Millari, . . .	347	Ecchymoma capitis, . . .	50
— spasmodicum, . . .	347	Eclampsia neonatorum, . .	183
— thymicum, . . .	347	Eczema, . . .	176
Atresia ani, . . .	54	Encephalocele, . . .	65
Atrophia infantum, . . .	145	Endocarditis, . . .	240
Blepharitis scrofulosa, . . .	382	Enteritis, . . .	260
Blepharophthalmia neonatorum,	109	Enuresis, . . .	78
Breath, hot, as a diagnostic sign,	8	Eruptions, as a diagnostic	
Bronchio-pneumonia, . . .	227	sign, . . .	8
Bronchitis, . . .	227	Eruptions, cutaneous, chronic,	163
Cancer aquaticus, . . .	417	Erysipelas of infants, . .	88
Caput succedaneum, . . .	49	Exanthemata, acute, . . .	426
Carditis infantum, . . .	237	Exanthemata chronica, . .	163
Cephalæmatoma, . . .	50	Feeding, see wet-nurse, and	
Chickenpox, . . .	457	also: on the method of	
Cholera-infantum, . . .	138	bringing up a child by hand,	18
Claudicatio spontanea, . . .	409	Flatulence, as a diagnostic	
Colic of infants, . . .	122	sign, . . .	8
Comedones, . . .	166	— of infants, . . .	122
Constipation of infants, . .	126	Fungus articulorum, . . .	395
Convulsions, . . .	190	Gangrene of the mouth, . .	417
Cow-pox, . . .	460	Gangrena oris, . . .	417
Croup, . . .	293	Gastritis, . . .	260
Crusta-lactea, . . .	170	Gastroataxia saburrælis, .	207
Crying, as a diagnostic sign,	10	Gastromalacia, . . .	152
Curvatures of bones, . . .	403	Goitre, . . .	392
Cyanosis cardiaca, . . .	114	Hæmatemesis, . . .	162
Cynanche, . . .	285	Hare-lip, . . .	59

Heat, . . . . .	176	Mcasles, . . . . .	493
Hernia, . . . . .	65	Meningitis spinalis, . . . . .	336
—, inguinal, . . . . .	66	Milk-crust, . . . . .	170
—, scrotal, . . . . .	66	Miliaria, . . . . .	175
—, umbilical, . . . . .	65	Moles, . . . . .	60
Hepatitis, . . . . .	279	Morbilli, . . . . .	493
Hiccough as a diagnostic sign, . . . . .	10	Morbus cœruleus, . . . . .	114
Hoarseness, as a diagnostic sign, . . . . .	10	Mumps, . . . . .	308
Hydrocephalus, . . . . .	312	Myelitis, . . . . .	336
Hydrocephaloid disease, . . . . .	333	Naevi, . . . . .	60
Hydrocephalus, chronic, . . . . .	331	Nævus lipomatodes, . . . . .	61
—, external chronic, . . . . .	335	— vasculosus, . . . . .	60
Hydrorrhachitis dchiscens, . . . . .	62	— verrucosus, . . . . .	62
— congenitalis, . . . . .	62	New-born infants, first treatment of, . . . . .	11
Impetigo faciei, . . . . .	170	Noma, . . . . .	417
Icterus neonatorum, . . . . .	83	Œdema neonatorum, . . . . .	91
Incontinence of urine, . . . . .	78	Ophthalmia scrofulosa, . . . . .	382
Indigestion, . . . . .	121	Otitis, . . . . .	342
Induration of the cellular tissue of new-born infants, . . . . .	91	Parotitis epidemica, . . . . .	308
Induration mammarum, . . . . .	82	Pemphigus neonatorum, . . . . .	168
Infants, diseases of, from birth to dentition, . . . . .	45	Peri-carditis infantum, . . . . .	237
—, physical education of, . . . . .	21	Peripneumonia-infantum, . . . . .	227
Inflammation of the abdominal viscera, . . . . .	250	Peritonitis-infantum, . . . . .	250
— of the bowels, . . . . .	260	Pertussis, . . . . .	353
— of the ears, . . . . .	342	Porrigio favosa, . . . . .	170
— of the eyes and eyelids of new-born infants, . . . . .	109	Pulse, as a diagnostic sign, . . . . .	6
— of the eyes and eyelids, scrofulous, . . . . .	382	Ramollissement of the stomach, . . . . .	152
— of the head, . . . . .	312	Ranula, . . . . .	57
— of the heart, . . . . .	237	Rattling, as a diagnostic sign, . . . . .	8
— of internal organs, . . . . .	223	Respiration, as a diagnostic sign, . . . . .	8
— of the liver, . . . . .	279	Rctentio-urinæ, . . . . .	69
— of the nose, scrofulous, . . . . .	385	Retention of urine, . . . . .	69
— of the pericardium, . . . . .	237	Rhachitis, . . . . .	396
— of the peritoneum, . . . . .	250	Rickets, . . . . .	396
— of the stomach, . . . . .	260	Roseolæ, . . . . .	507
— of the spinal marrow, . . . . .	336	Rubeolæ, . . . . .	507
— of the thoracic organs, . . . . .	227	Ruptures, . . . . .	65
— of the throat, . . . . .	285	Scald-head, . . . . .	169, 387
Intertrigo, . . . . .	163	Scarlatina, . . . . .	465
Intumescencia mammarum, . . . . .	82	Scarlet fever, . . . . .	465
Ischuria vesicalis, . . . . .	69	Scrofulosis, . . . . .	367
Jaundice, . . . . .	83	Secretions, as a diagnostic sign, . . . . .	7
Labinum leporinum, . . . . .	59	Sleep, excess or deficiency of, as a diagnostic sign, . . . . .	10
Laryngismus-stridulus, . . . . .	347	Small-pox, . . . . .	426
Limping, voluntary, . . . . .	409	Smell from the mouth, bad, as a diagnostic sign, . . . . .	8
Lock-jaw of new-born infants, . . . . .	179	Softening of the stomach, . . . . .	152
Lupia, . . . . .	61	Sore throat, . . . . .	285
Luxatio spontanea, . . . . .	409	Soreness, . . . . .	163
Marasmus infantum, . . . . .	145	Spasm of the glottis, . . . . .	347
		Spasmodic diseases, . . . . .	347
		Spasms, . . . . .	178

Spasms of new-born infants, internal, . . . . .	183	Trismus neonatorum, . . . .	179
Spina bifida, . . . . .	62	Tuberculosis, . . . . .	367
— ventosa, . . . . .	392	Tumor, bloody, . . . . .	50
Status gastricus, . . . . .	207	—, capitis sanguineus, . . . .	50
Stomacace, aphthous, . . . .	105	—, encysted, . . . . .	61
Stomatitis, pseudo-membranosa,	105	Tussis convulsiva, . . . . .	353
Struma, . . . . .	392	— perina, . . . . .	353
Sucking, impeded, as a diag- nostic sign, . . . . .	10	Ulcers, scrofulous, . . . . .	379
Summer-complaint, . . . . .	138	Urinary difficulties of chil- dren, . . . . .	69
Swelling of bones, scrofulous,	392	Urinary difficulties occasion- ed by gravel or calculi, . . .	79
Swelling and induration of the breasts of new-born in- fants, . . . . .	82	Urodialysis neonatorum, . . .	75
Swelling of the head of new- born infants, . . . . .	49	Vaccina, . . . . .	460
Syphilis neonatorum, . . . .	97	Varicella, . . . . .	457
Telangiectasia, . . . . .	60	Variola, . . . . .	426
Temperature of the body, as a diagnostic sign, . . . . .	6	Varioloid, . . . . .	452
Testicles after birth, descen- sion of the, . . . . .	68	Voice, alteration of the, as a diagnostic sign, . . . . .	10
Tetanus neonatorum. . . . .	179	Vomiting of blood, . . . . .	162
Therapeutic remarks, respect- ing the diseases of chil- dren, general, . . . . .	25	— of children, . . . . .	143
Thrush, . . . . .	103	Vomitus cruentus, . . . . .	162
Tinea capitis, . . . . .	387	Warts, . . . . .	62
—, neonatorum, . . . . .	169	Wasting away of children, . .	145
Tongue-tied, . . . . .	55	Wens, . . . . .	62
		Wet-nurse, uses of a, . . . .	16
		Wetting the bed, . . . . .	78
		White-swelling, . . . . .	395
		Whooping-cough, . . . . .	353
		Worms, . . . . .	211
		Worm affections, . . . . .	211



**WM. RADDE'S**  
**CATALOGUE OF HOMŒOPATHIC BOOKS,**  
*Just Published.*

GUIA DE FAMILIA, PARA LA ADMINISTRACION DE LOS REMEDIOS HOMŒOPATICOS, Par El Doctor en Medicina T. Malan. 1853. Bound, 75 cts.

GUERNSEY, *Homœopathic Domestic Practice*, containing also chapters on Anatomy, Physiology, Hygiene, and an abridged Materia Medica, and illustrated with elegant plates, by Egbert Guernsey, M. D. 1853.

This work since its first publication a month since, has been received with extraordinary favor, and is pronounced by many of our most distinguished physicians as the most complete Domestic Practice ever published. The "Tribune" says it is written in an eminently clear and lucid style, and characterized by practical sense. With full descriptions of the dose to each single case. \$1,50.

LAURIE, Dr. J. *Homœopathic Domestic Medicine*, with the Treatment and Diseases of Females, Infants, Children and Adults. 7th American edition, much enlarged, with many additions, and the dose minutely indicated to every medicine. By A. Gerald Hull, M. D. 1853 \$1,50.

LAURIE, Dr. J., *Elements of Homœopathic Practice of Physic*, with additions, by A. G. Hull, M. D., and an Appendix on Intermittent Fevers, by Dr. F. S. Douglass. A large thick 8vo. vol. 1853. \$3,00.

RUECKERT, Th. J., *A Treatise on Headaches*: Including Acute, Chronic, Nervous, Gastric, or Sick Headaches; also Congestive, Rheumatic and Periodical Headaches. With Introduction, Appendix, Synopsis, Notes, Directions for doses, and fifty additional cases, by John C. Peters, M. D. 1853. 75 cts.

RUECKERT, Th. J., *On Apoplexy and Palsy*. Successful Homœopathic cures, collected from the best Homœopathic periodicals, translated and edited by J. C. Peters, M. D. With full descriptions of the dose to each single case. 1853. 75 cts.

DOUGLASS, J. S., A. M. M. D. *Homœopathic Treatment of Intermittent Fevers*. 1853. Bound. 38 cts.

JAHR's and POSSART's *New Manuel of the Homœopathic Materia Medica*, containing the characteristic, pathogenetic and curative symptoms of all the principal remedies used in Homœopathic practice; with a Repertory, indicating the remedies which should be used in every single case. Translated and edited by Charles J. Hempel, M. D. 1853. Bound, \$4,00.

MADDEN, Henry R., M. D. *Uterine Diseases*, with an Appendix containing abstracts of 180 cases of Uterine Diseases and their treatment together with Analytical Tables of results, ages, Symptoms, dose, &c., to which is added a Clinical Record of interesting cases treated in the Manchester Homœopathic Hospital. 1852. 50 cts.

MATERIA MEDICA OF AMERICAN PROVINGS. Collected and arranged by the American Institute of Homœopathy. With a Repertory by W. P. Esrey, M. D. 1853. Bound, \$1,00.

JAHR's *New Manual of Homœopathic Practice*; edited, with Annotations, by A. Gerald Hull, M. D. From the last Paris edition.

This is the fourth American edition of a very celebrated work, written in French by the eminent Homœopathic Professor Jahr, and it is considered the best practical

compendium of this extraordinary science that has yet been composed. After a very judicious and instructive introduction, the work presents a Table of the Homœopathic Medicines, with their names in Latin, English, and German; the order in which they are to be studied, with their most important distinctions, and clinical illustrations of their symptoms and effects upon the various organs and functions of the human system. The second volume embraces an elaborate analysis of the indications in disease, of the medicines adapted to cure, and a Glossary of the technics used in the work, arranged so luminously as to form an admirable guide to every medical student. The whole system is here displayed with a modesty of pretension, and a scrupulosity in statement, well calculated to bespeak candid investigation. This laborious work is indispensable to the students and practitioners of Homœopathy, and highly interesting to medical and scientific men of all classes. Complete Symptomatology and Repertory, 2 vols. bound, \$6.

**Jahr's New Manual:** Originally published under the name of *Symptomen-Codex*. (Digest of Symptoms.)

This work is intended to facilitate a comparison of the parallel symptoms of the various Homœopathic agents, thereby enabling the practitioner to discover the characteristic symptoms of each drug, and to determine with ease and correctness what remedy is most Homœopathic to the existing group of symptoms. Translated with important and extensive additions from various sources, by Charles Julius Hempel, M. D., assisted by James M. Quin, M. D., with revisions and clinical notes by John F. Gray, M. D.; Contributions by Drs. A. Gerald Hull, George W. Cook, and Dr. B. F. Joslin, of New-York; and Drs. C. Hering, J. Jeanes, C. Neidhard, W. Williamson, and J. Kitchen, of Philadelphia; with a Preface by Constantine Hering, M. D. 2 vols., bound, \$11.

*Just Published*, the third volume of **Jahr's New Manual**; or the largest *Repertory of the Homœopathic Materia Medica*; by Dr. Charles Hempel. 1853. 1220 pages, bound, \$6. The three vols. bound for \$17.

☞ This is the most important and complete work ever published, and indispensable for every physician. From the *British Journal of Homœopathy*, Vol. XI, No. XLIV, April, 1853, page 327: "The two volumes of Jahr's *Larger Materia Medica* were incomplete without a Repertory, and accordingly, the indefatigable translator of the *Symptomen-Codex*, Dr. Hempel, has been busily engaged in constructing such a much needed key to the work ever since its issue from the press. We now have before us the result of his incessant labors in the shape of a portly volume of upward of 1200 pages, for which he deserves the best thanks of the Homœopathic body at large. This volume will be a great acquisition to all the practitioners of our art, as it will facilitate very much their search for the appropriate remedy. We have already made extensive use of it; and though in some respects we could have wished a different arrangement of some sections, a more strictly anatomical arrangement of the symptoms (where that was possible,) and an alphabetical arrangement of the medicines in the various subsections, whereby the discovery of the medicine and symptom required would have been facilitated, yet we cannot, in the face of such evidence of unwearied industry and zeal for the cause as this volume displays, venture to be hypercritical, so, thanking Dr. Hempel most heartily for his repertory, we commend it confidently to our English colleagues. It will be found useful by all, whether they possess the two volumes of the *Symptomen-Codex* or not; and, though it will not supersede the use of other repertories and manuals, it will in many cases guide the practitioner to the ready discovery of an appropriate remedy, when all the other works hitherto published in our language would leave him in the lurch."

**RAPON.** *A Treatise on Typhoid Fever and its Homœopathic Treatment*, by Dr. Augustus Rapon. Translated from the French by A. Allcyn Granville. 1853.

**HAHNEMANN's Lesser Writings**, collected and translated by R. E. Dudgeon, M. D., with additions by E. E. Marcy, M. D., author of "the Homœopathic Theory and Practice of Medicine," and Editor of "the North American Homœopathic Journal" A large 8vo. volume, with a fine Steel Engraving of S. Hahnemann. 1852. Bound, \$3.00.

This valuable work contains a large number of Essays of great interest to laymen as well as medical men, upon diet, the prevention of diseases, ventilation of dwellings, &c. As many of these papers were written before the discovery of the Homœopathic theory of cure, the reader will be enabled to peruse in this volume, the ideas of a gigantic intellect when directed to subjects of general and practical interests.

HAHNEMANN's *Organon of Homœopathic Medicine*, 3d American edition, with improvements and additions from the last German edition, and Dr. C. Hering's introductory remarks. Bound, \$1,00.

HAHNEMANN's *Materia Medica Pura*. Translated by C. J. Hempel, M. D. 4 vols. \$6,00.

E. STAPP's *Additions to the Materia Medica Pura*. Translated by C. J. Hempel, M. D. \$1,50.

HAHNEMANN's *Chronic Diseases, their Specific Nature and Homœopathic Treatment*. Translated and Edited by Charles J. Hempel, M. D., with a Preface by Constantine Hering, M. D., Philadelphia. 8vo. 5 vols. Bound, \$7,00.

☞ The above four or five standard works of Dr. SAMUEL HAHNEMANN are and will FOR EVER be the greatest treasures of Homœopathy, they are the most necessary books for Physicians and they should grace the library of every lover of science.

THE NORTH AMERICAN HOMŒOPATHIC JOURNAL, a Quarterly Magazine of Medicine and the Auxiliary Sciences. Conducted by C. Hering, M. D., Philadelphia; E. E. Marcy, M. D., and J. W. Metcalf, M. D., New-York. Price per volume of nearly 800 octavo pages, \$3,00.

☞ The North American Homœopathic Journal commenced on the 1st of Feb, 1851, and is published regularly every three months in numbers containing nearly 200 pages. Physicians will be regularly supplied by remitting \$3,00 to Wm. Radde, 322 Broadway, New-York. A few copies of the first volume of the North American Homœopathic Journal of 1851 are still on hand, and every one who sends on five dollars to Wm. Radde will be furnished with the Journal of 1851, and also for 1852, the whole year or the second volume.

MARCY, E. E., M.D., *Homœopathy and Allopathy*. "An Examination of the Doctrines and Evidences of Homœopathy," by Worthington Hooker, M.D. By E. E. Marcy, M.D. Author of "The Homœopathic Theory and Practice," 1852. Bound, 50 Cents.

E. E. MARCY, M.D., *The Homœopathic Theory and Practice of Medicine*. Second Edition, 1852. Bound, \$2.

HARTMANN's *Acute and Chronic Diseases, and their Homœopathic Treatment*. Third German Edition, revised and considerably enlarged by the author. Translated, with additions, and adapted to the use of the American profession, by C. J. Hempel, M. D. 4 vols, \$5,75.

ESREY, M. D., *A Treatise on Anatomy and Physiology*, with thirty illustrations. 1851. Bound, 50 cts.

F. HUMPHREY's, M. D., *The Cholera and its Homœopathic Treatment*. 38 cts. In Press.

(In Press, and will shortly be Published,)

RUECKERT on *Diseases of the Eye and Ear*. Successful Homœopathic cures, collected from the best Homœopathic periodicals, translated and edited by J. C. Peters, M. D. With full description of the dose to each case. 1853.

RUECKERT on *Inflammation and Dropsy of the Brain*. Successful Homœopathic cures, collected from the best Homœopathic periodicals, translated and edited by J. C. Peters, M. D. With full description of the dose to each case. 1853.

RUECKERT on *Nervous and Mental Diseases*. Successful Homœopathic cures, collected from the best Homœopathic periodicals, translated and edited by J. C. Peters, M. D. With full description of the dose to each case. 1853.

# BOERICKE & TAFEL'S

## Homœopathic Publications.

---


ACONITE, Monograph upon. By Dr. REIL.....	\$0 75
APIS MELLIFICA. Provings. By C. W. WOLFF .....	25
BAEHR, B. THERAPEUTICS, 2 vols., just issued .....	10 00
BECKER, A. C. On Constipation. ....	50
Dentition .....	50
Diseases of the Eye .....	50
BELL ON DIARRHŒA. Bound in muslin .....	1 25
sheepskin or half morocco....	1 75
interleaved with writing paper, half morocco.....	2 25
BERJEAU, ON SYPHILIS, GONORRŒA, SPERMATORRŒA, and Urinary Diseases. Revised, and with numerous addi- tions, by FROST, in linen.....	1 50
half morocco or sheep .....	2 00
interleaved, half morocco .....	3 00
BREYFOGLE'S EPITOME OF HOMŒOPATHIC MEDICINES.....	1 50
Interleaved with writing paper, half morocco.	3 00
BRYANT, J. Pocket Manual and Repertory .....	2 00
BURT, CHARACTERISTIC MATERIA MEDICA .....	3 00
Interleaved with writing paper, half morocco.	5 00
BOENNINGHAUSEN, C. On Intermittent Fever .....	50
THERAPEUTIC POCKET BOOK.....	3 00
Sides of the Body .....	25
CHARACTERISTIC MATERIA MEDICA. WM. H. BURT .....	3 00
CASPARI, HOMŒOPATHIC DOMESTIC PHYSICIAN. ....	1 00

COCKBURN, MEDICAL REFORM .....	\$0 50
CROSERIO, OBSTETRICS .....	90
CURTIS AND LILLIE'S EPITOME .....	75
DOUGLASS, ON INTERMITTENT FEVER .....	38
FAMILY HOMŒOPATHY, ELLIS.....	1 50
FRANKLIN, E. C., SCIENCE AND ART OF SURGERY. Vol. I..	8 00
GRAY AND HEMPEL, HOMŒOPATHIC EXAMINER, new series, two volumes, bound .....	5 00
GROSS, COMPARATIVE MATERIA MEDICA, translated and ed- ited, with additions, by C. HERING.....	10 00
GUERNSEY, H. N., OBSTETRICS .....	8 00
GUERNSEY, EGBERT, Domestic Practice .....	2 50
Gentleman's Handbook.....	1 00
HAHNEMANN, LESSER WRITINGS. ....	4 00
MATERIA MEDICA, PURA. ....	9 00
CHRONIC DISEASES, 5 vols.....	10 00
ORGANON ... ..	1 50
HARTMANN, DISEASES OF CHILDREN....	3 00
CHIEF REMEDIES, second series .....	1 00
HELMUTH, ON SURGERY .....	3 50
HEMPEL, C. J., Domestic, in German. ....	75
French. ....	75
ORGANON. ....	1 00
HOMŒOPATHY .....	1 00
LARGE REPERTORY. ....	9 00
MATERIA MEDICA, 2 vols.....	12 00
HEMPEL AND BEAKLEY, Theory and Practice .....	3 50
HENDERSON, HOMŒOPATHIC PRACTICE .....	50
HERING, C., DOMESTIC PHYSICIAN .....	2 50
HITCHMANN, CONSUMPTION .....	75
HOLCOMBE, W. H., Yellow Fever .....	38
HOMŒOPATHIC COOKERY .....	50
HUGHES, PHARMACODYNAMICS. ....	2 00
THERAPEUTICS .....	2 00
HULL, HOMŒOPATHIC EXAMINER, few copies only remain of this very valuable periodical, three vols., handsomely bound .....	15 00
HULLS, JAHR, SYMPTOMATOLOGY.....	7 00
REPERTORY. ....	4 00

HUMPHREY, ON DYSENTERY .....	\$0 50
CHOLERA .....	38
HYDRIATICS, MANUAL OF THE WATER CURE .....	50
JAHR, G. H. G., FORTY YEARS' PRACTICE .....	3 50
CLINICAL GUIDE OR POCKET REPERTORY, second American from the third German edition, with the addition of the new remedies by Lilienthal.....	3 00
DISEASES OF FEMALES .....	2 50
THE SKIN .....	1 50
NEW MANUAL, with additions, by POSSART, and Clinical REPERTORY.....	4 50
VENEREAL DISEASES .....	4 00
JAHR AND GRUNER, PHARMACOPŒIA.....	3 00
JOSLIN, PRINCIPLES OF HOMŒOPATHY .....	75
HOMŒOPATHIC TREATMENT OF CHOLERA .....	1 00
KREUSSLER, ACUTE AND CHRONIC DISEASES.....	75
LAURIE, HOMŒOPATHIC, DOMESTIC .....	60
APPENDIX TO DOMESTIC PRACTICE .....	1 25
PARENT'S GUIDE.....	1 00
LIPPE, TEXT-BOOK OF MATERIA MEDICA.....	6 00
Interleaved with writing paper, and bound in two volumes, half morocco.....	10 00
LUTZE, THEORY AND PRACTICE.....	2 50
MADDEN, UTERINE DISEASES .....	50
MALAN, FAMILY GUIDE .....	30
in Spanish .....	75
MARCY, HOMŒOPATHY AND ALLOPATHY .....	50
MARCY AND HUNT, THEORY AND PRACTICE, 2 vols.....	12 00
MATERIA MEDICA OF AMERICAN PROVINGS. ....	1 00
METCALFE, HOMŒOPATHIC PROVINGS.....	1 50
MILLARD, CONSUMPTION .....	75
GUIDE FOR EMERGENCIES.....	50
MORGAN, INDIGESTION, CONSTIPATION, &c.....	75
MUNDE, SCARLET FEVER.....	50
MURE, MATERIA MEDICA.....	1 00
NEIDHARD, CROTALUS HORRIDUS IN YELLOW FEVER.....	1 00
DIPHThERIA. ....	1 75
NEW PROVINGS, CISTUS CAN, COBALTUM ZINGIBERIS, &c....	75



NORTH AMERICAN JOURNAL OF HOMŒOPATHY, per vol.....	\$4 00
whole set, 18 volumes, bound.	50 00
PETERS, HEADACHE AND DISEASES OF THE HEAD .....	3 00
APOPLEXY .....	1 00
DISEASES OF FEMALES AND MARRIED WOMEN.....	1 50
DISEASES OF MARRIED FEMALES.....	1 00
PRINCIPAL DISEASES OF THE EYE .....	1 50
INTERNAL DISEASES OF THE EYE .....	1 00
DISEASES OF THE BRAIN.....	1 00
NERVOUS DERANGEMENT ....	1 00
PRINCIPLES AND PRACTICE OF MEDICINE.....	3 50
PHILADELPHIA JOURNAL OF HOMŒOPATHY, 4 vols., bound..	8 00
RAPOU, ON TYPHOID FEVER.....	50
RAUE, C. G., PATHOLOGY AND THERAPEUTICS.....	5 00
Interleaved with writing paper.....	8 00
RAU, Organon .....	1 25
REIL, ON ACONITE.....	75
ROKITANSKY, PATHOLOGICAL ANATOMY. ....	75
RUECKERT'S THERAPEUTICS .....	4 00
RUOFF'S REPERTORY.....	1 50
RUSH, VETERINARY .....	50
SCHAEFER, VETERINARY HOMŒOPATHY.....	2 00
SHARP'S TRACTS, 12 numbers .....	75
SMALL, HOMŒOPATHIC PRACTICE.....	3 00
POCKET MANUAL .....	40
DISEASES OF THE NERVOUS SYSTEM. ....	1 00
STAPE, ADDITIONS TO MATERIA MEDICA .....	1 50
TESSIER, ASIATIC CHOLERA .....	75
PNEUMONIA .....	75
THERAPEUTIC GUIDE, FORTY YEARS' PRACTICE, G. H. G. JAHR	3 50
THERAPEUTICS, THE SCIENCE AND ART OF, B. BAEHR, 2 vols.	10 00
WILLIAMSON, DISEASES OF FEMALES AND CHILDREN .....	1 00
WOLFF, APIS MELLIFICA.....	25

 Any of above Works sent, postage free, on receipt of price.

ADDRESS,

**BOERICKE & TAFEL,**

*145 Grand Street, New York.*







NATIONAL LIBRARY OF MEDICINE



NLM 01001674 4